

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2003 8:00 am**  
**Secretary of State**

03-19-2003 90130 015 \*\*\*150.00

**DOCUMENT # P99000017561**

1. Entity Name  
**AUTO ENHANCERS, INC.**



Principal Place of Business  
**1768 10TH WAY  
STE B  
SARASOTA FL 34236**

Mailing Address  
**358 WHITFIELD AVE  
SARASOTA FL 34243**

2. Principal Place of Business  
**1342 North Lime Ave**

3. Mailing Address  
**1342 North Lime Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Sarasota, FL**

City & State  
**Sarasota FL**

4. FEI Number **65-0902180**

Applied For  
Not Applicable

Zip  
**34236**

Country  
**USA**

Zip  
**34236**

Country  
**USA**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**GARDI, LEE CPA  
7061 C S TAMiami TRAIL  
SARASOTA FL 34231**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE **V**  Delete  
NAME **BEURY, KRISTEN**  
STREET ADDRESS **358 WHITFIELD AVENUE**  
CITY-ST-ZIP **SARASOTA FL 34243**

TITLE **P**  Delete  
NAME **BEURY, TIMOTHY**  
STREET ADDRESS **358 WHITFIELD AVENUE**  
CITY-ST-ZIP **SARASOTA FL 34243**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  Change  Addition  
NAME  
STREET ADDRESS **10323 Spoonbill RD. West**  
CITY-ST-ZIP **Bradenton, FL 34209**

TITLE  Change  Addition  
NAME  
STREET ADDRESS **10323 Spoonbill RD. West**  
CITY-ST-ZIP **Bradenton, FL 34209**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

**3/17/03 941-954-3871**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)