2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2000 08:00 AM
Secretary of State

DOCUMENT # **P99000020313**

1. Entity Name
AUTONET USA.COM, INC.

Principal Place of Business	Mailing Address
2362-B BLANDING BLVD.	2362-B BLANDING BLVD.
MIDDLEBURG FL 32068	MIDDLEBURG FL 32068

2. Principal Place of Business		3. Mailing Address	
		P.O. BOX 1615	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: MIDDLEBURG FL	
Zip	Country	Zip: 320501615	Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: **59-3563855** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 323012525 US	Name: CAMPLA GARY FPRES Street Address (P.O. Box Number is Not Acceptable): 3996 SCENIC DRIVE City: MIDDLEBURG FL Zip Code: 320685044

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.

SIGNATURE **GARY F. CAMPLA** — 09/08/2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPLA GARY F 3996 SCENIC DRIVE MIDDLEBURG FL 32068	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY F. CAMPLA D 09/08/2000