

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State

04-15-2002 90021 038 ***150.00

0433256 AV

DOCUMENT # **P99000025791**

1. Entity Name

AUTOMOTIVE ELECTRONICS INC.

Principal Place of Business

**1922 53RD STREET
 TAMPA FL 33619**

Mailing Address

**1922 53RD STREET
 TAMPA FL 33619**

2. Principal Place of Business

5211 E. Broadway Ave
 Suite, Apt. #, etc.

3. Mailing Address

5211 E. Broadway Ave
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tampa Florida

City & State

Tampa FL

4. FEI Number

59-3561953

Applied For

Not Applicable

Zip

33619

Country

USA

Zip

33619

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BOERNER, VALERIE JEAN
 1922 53RD STREET
 TAMPA FL 33619**

7. Name and Address of New Registered Agent

Name **Boerner, Valerie Jean**
 Street Address (P.O. Box Number is Not Acceptable) **5211 E. Broadway Ave**
 City **Tampa** FL Zip Code **33619**

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

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, 2002 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

TITLE	D <input type="checkbox"/> Delete
NAME	BOERNER, VALERIE JEAN
STREET ADDRESS	1922 53RD STREET
CITY-ST-ZIP	TAMPA FL 33619
TITLE	D <input type="checkbox"/> Delete
NAME	JEFFERIES BOERNER, DAVID
STREET ADDRESS	1922 53RD STREET
CITY-ST-ZIP	TAMPA FL 33619
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Boerner, Valerie Jean
STREET ADDRESS	5211 E. Broadway Ave.
CITY-ST-ZIP	Tampa, FL-33619
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jefferies Boerner, David
STREET ADDRESS	5211 E. Broadway Ave.
CITY-ST-ZIP	Tampa, FL-33619
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Valerie Boerner
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/02
 Date

813-746-1140
 Daytime Phone #

CR2E034 (9/01)