2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000046956

1. Entity Name

AUTOSOLIDS, INCORPORATED

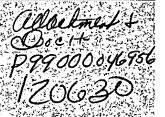
Principal Place of Business 5367 STAFFORD CIRCLE PACE FL 32571		Mailing Address P.O. BOX 1022 PACE FL 32571								
2. Principal Pla	ace of Business	3. Mailing Address							110 0111 1401	
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State		City & State			4. F	4. FEI Number 59-3586089		Applied For Not Applicable		
Zip	: Country Zip		Country		5 . C	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						
				Name						
SLAVIK, SO	COTT A		Street Address			s (P.O. Box Number is Not Acceptable)				
5367-STAF	FORD CIRCLE	بدائه معاليد بالمستشين بالمجيوب								
PACE FL 3	32571]				<u>.</u>	1		
				City			FL	Zip Code		
the obligation	named entity submits this statement fo ons of registered agent. Signature, typed or printed name of registered agent			d office or regis			ida. I am fa	miliar with, a	and accept	
			1)1 EEE	IS \$550.00				<u></u>	^ ··· ·	
Tax filing re	ration is eligible to satisfy its intangible equirement and elects to do so. ia on back)	FILE NOW!!! FEE IS \$550.00 After September 13, 2002 Fee will be \$75 Make Check Payable to Department of S			50.00 State	10. Election Campaign Fina Trust Fund Contribution			May Be to Fees	
11.	OFFICERS AND		12.		AD	DITIONS/CHANGES TO OFFI	CERS AND	DIRECTORS		
TITLE	P	☐ Delete	TITLE					Change	☐ Addition	
NAME	SLAVIK, SCOTT A		NAM							
STREET ADDRESS	5367 STAFFORD CIRCLE			ET ADDRESS - ST-ZIP						
CITY-ST-ZIP	PACE FL 32571		TITLE					☐ Change	Addition	
TITLE	D CLANDIC CADALA D	☐ Delete	NAM							
NAME STREET ADDRESS	SLAVIK, SARAH P 5367 STAFFORD CIRCLE		- I	ET ADDRESS						
CITY-ST-ZIP	PACE FL 32571		CITY	-ST-ZIP						
TITLE		☐ Delete	TITL					☐ Change	☐ Addition	
NAME			NAM							
STREET ADDRESS	-			ET ADORESS -ST-ZIP						
CITY-ST-ZIP		<u></u>	TITL					☐ Change	☐ Addition	
TITLE		Delete	NAM	l l						
NAME STREET ADDRESS				EET ADDRESS						
CITY-ST-ZIP			CITY	-ST-ZIP						
TITLE		☐ Delete	TITL	E				☐ Change	Addition	
NAME			NAM	- 1						
STREET ADDRESS				EET ADDRESS						
CITY-ST-ZIP				r-ST-ZIP			<u></u>	☐ Change	Addition	
TITLE		☐ Delete	TITL NAN	I						
NAME CTREET ADDRESS	1			EET ADDRESS						
STREET ADDRESS CITY-ST-ZIP			CIT	r-ST-ZIP						
	certify that the information supplied wi	th this filing does not qualify	for the exe	emption stated in	n Section	119.07(3)(i), Florida Statutes.	I further cer	tify that the i	nformation	
indicated	certify that the information supplied wi d on this report or supplemental report proration or the receiver or trustee em d, or on an attachment with an address	nowered to execute this repo	ort as requ	ature shall have iired by Chapter	the same 607, Flo	e legal effect as it made under rida Statutes; and that my nam	oaur; mat i a ne appears i	n Block 11 o	r Block 12 if	

FILED

Jul 16, 2002 8:00 am Secretary of State

06-24-2002 90299 043 ***150.00

07-16-2002 90353 021 ***400.00





July 11, 2002

Florida Dept Of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Soul 9 Sul

Enclosed please find a check in the amount of \$400.00 to cover the balance due amount as indicated in your letter of June 28, a copy of which is contained herein. Please advise if any further action is required on our part

Sincerely

Scott Slavik