

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 16, 2002 8:00 am**  
**Secretary of State**

06-24-2002 90299 043 \*\*\*150.00  
07-16-2002 90353 021 \*\*\*400.00

|   |
|---|
| <b>DOCUMENT #</b> P99000046956                    |
| <b>1. Entity Name</b><br>AUTOSOLIDS, INCORPORATED |

|   |  |
|---|--|
| <b>Principal Place of Business</b><br>5367 STAFFORD CIRCLE<br>PACE FL 32571 | <b>Mailing Address</b><br>P.O. BOX 1022<br>PACE FL 32571 |
|---|--|

|                                       |                           |
|---------------------------------------|---------------------------|
| <b>2. Principal Place of Business</b> | <b>3. Mailing Address</b> |
| Suite, Apt. #, etc.                   | Suite, Apt. #, etc.       |
| City & State                          | City & State              |
| Zip                                   | Country                   |



DO NOT WRITE IN THIS SPACE

|  |   |
|--|---|
| <b>4. FEI Number</b> 59-3586089                                  | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b>   |

|  |  |
|--|--|
| <b>6. Name and Address of Current Registered Agent</b><br>SLAVIK, SCOTT A<br>5367 STAFFORD CIRCLE<br>PACE FL 32571 | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

|  |  |   |
|--|--|---|
| <b>9.</b> This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back) | <b>FILE NOW!!! FEE IS \$550.00</b><br><b>After September 13, 2002 Fee will be \$750.00</b><br><b>Make Check Payable to Department of State</b> | <b>10.</b> Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|--|--|---|

|  |  |   |                                 |      |                 |  |                |                      |  |             |               |  |   |       |  |   |      |  |  |                |  |  |             |  |  |
|--|--|---|---------------------------------|------|-----------------|--|----------------|----------------------|--|-------------|---------------|--|---|-------|--|---|------|--|--|----------------|--|--|-------------|--|--|
| <b>11. OFFICERS AND DIRECTORS</b>  | <b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> |   |                                 |      |                 |  |                |                      |  |             |               |  |   |       |  |   |      |  |  |                |  |  |             |  |  |
| <table border="1"><tr><td>TITLE</td><td>P</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>SLAVIK, SCOTT A</td><td></td></tr><tr><td>STREET ADDRESS</td><td>5367 STAFFORD CIRCLE</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>PACE FL 32571</td><td></td></tr></table> | TITLE  | P   | <input type="checkbox"/> Delete | NAME | SLAVIK, SCOTT A |  | STREET ADDRESS | 5367 STAFFORD CIRCLE |  | CITY-ST-ZIP | PACE FL 32571 |  | <table border="1"><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table> | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  |
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| NAME   | SLAVIK, SCOTT A  |   |                                 |      |                 |  |                |                      |  |             |               |  |   |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS   | 5367 STAFFORD CIRCLE   |   |                                 |      |                 |  |                |                      |  |             |               |  |   |       |  |   |      |  |  |                |  |  |             |  |  |
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**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:** Scott A. Slavik **REQUESTED BY** A. SLAVIK **7/11/02** **850-945-9977**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)



(850) 995-9977

AutoSolids, Inc.  
P.O. Box 1022  
Pace FL 32571  
(850) 995 9735 (FAX)

Attachment +  
Doc 11  
P99000046956  
120630

July 11, 2002

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

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