2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000066259

1. Entity Name
AUTOMATION CONCEPTS, INC.

FILED
02 OCT 16 AM 10: 40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
980 CAPE MARCO DRIVE (Drive) UNIT #502 MONTERREY MARCO ISLAND FL 34145	980 CAPE MARCO DRIVE (Drive) UNIT #502 MONTERREY MARCO ISLAND FL 34145

2. Principal Place of Business		3. Mailing Address	
		7960 Oakridge Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Mentor, Ohio	
Zip	Country	Zip: 44060	Country: USA

4. FEI Number 59-3599849 ☐ 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
BROUSIL, PATRICIA A 2340 PERIWINKLE WAY STE J2 SANIBEL FL 33957	Name: Patricia A. Brousil Street Address (P.O. Box Number is Not Acceptable): 980 Cape Marco Drive, Unit #502 City: Marco Island, FL Zip Code: 34145

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 X [signature] 9/16/02
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 $550.00
After September 12, 2001 Fee will be $750.00
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: P NAME: BROUSIL, JAMES F STREET ADDRESS: 7960 OAKRIDGE DR CITY-ST-ZIP: MENTOR OH 44060	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 100008423761 10/17/02--01039--019 **150.00	☐ Change ☐ Addition
TITLE: President NAME: Brousil, Patricia A. STREET ADDRESS: 7960 Oakridge Drive CITY-ST-ZIP: Mentor, Ohio 44060	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: X James F. Brousil 9/16/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JI 10/16/02