

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000091176

1. Entity Name
AUTOEMPLOY.COM, INC.

FILED
Mar 07, 2001 8:00 am
Secretary of State
03-07-2001 90626 004 ***150.00

Principal Place of Business Mailing Address
25 TYLER RD 25 TYLER RD
MIDDLEBURY CT 06762 MIDDLEBURY CT 06762

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country

4. FEI Number 65-0967995 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
JOSEPHS, MICHAEL R
2950 SW 27TH AVE
SUITE 100
MIAMI FL 33133

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP
D CANNATA, THOMAS MICHAEL 25 TYLER RD MIDDLEBURY CT 06762
D FITZGERALD, JOHN MICHAEL 1633 NW 17TH AVE FT LAUDERDALE FL 33305
D FITZGERALD, JOHN THOMAS 15 CASTLEBRIDGE CT., WEXFORD PLANTATION HILTON HEAD ISLAND SC 29928

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP
Change Addition
Change Addition
Change Addition
Change Addition
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: John Michael Fitzgerald (954) 536 0063
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 3.5.01 Daytime Phone #

0573386

CR2E034 (10/00)