

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000105004

1. Entity Name
AUTO DYNAMICS OF ST. PETERSBURG, INC.

Principal Place of Business

1749 9TH AVE N
ST PETERSBURG FL 33713

Mailing Address

1749 9TH AVE N
ST PETERSBURG FL 33713

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

59-3610700

Applied For

Not Applicable

5. Certificate of Status Desired

 \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BREWER, JOHN
1749 P AVE NORTH
SAINT PETERSBURG FL 33713

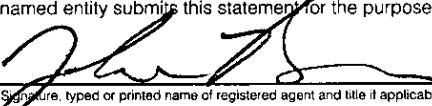
7. Name and Address of New Registered Agent

Name BREWER, JOHN

Street Address (P.O. Box Number is Not Acceptable)
1749 9 AVE N.

City ST. Petersburg FL Zip Code 33713

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)

1-11-02

DATE

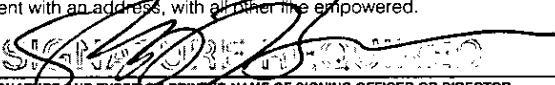
9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME BREWER, JOHN
STREET ADDRESS 4983 57 ST NO
CITY-ST-ZIP KENNETH CITY FL 33709 DeleteTITLE DP
NAME BREWER, JOHN
STREET ADDRESS 5957 64 Terrace North
CITY-ST-ZIP PINELLAS PARK, FL 33781 Change AdditionTITLE DV
NAME BREWER, GLEN
STREET ADDRESS 9909 GIST WAY N
CITY-ST-ZIP PINELLAS PARK FL 33782 DeleteTITLE DV
NAME BREWER, GLEN
STREET ADDRESS 9909 61 WAY N.
CITY-ST-ZIP PINELLAS PARK FL 33782 Change AdditionTITLE ST
NAME BREWER, PAMELA
STREET ADDRESS 1749 9TH AVE N
CITY-ST-ZIP ST PETERSBURG FL 33713 DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 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 line empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/02 727 822 3994
Date Daytime Phone #

CR2E034 (9/01)

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