

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2000 8:00 am**  
**Secretary of State**

02-19-2000 90026 007 \*\*\*150.00

**DOCUMENT # S04984**

1. Entity Name

**AUTO-PICK CORPORATION**

Principal Place of Business

Mailing Address

VISTA BLVD  
 NC 28704

115 VISTA BLVD  
 ARDEN NC 28704-9457  
 US

714094

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0336356

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PFAFFENBERGER, W J  
 631 US HWY ONE  
 SUITE 410  
 NORTH PALM BEACH FL 33408

Name

W. J. Pfaffenberger

Street Address (P.O. Box Number is Not Acceptable)

3 Golden Bear Plaza, Suite 300

11780 US #1

City

North Palm Beach,

FL

Zip 33408

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 firm 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 \$150.00**  
**After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	STINGEL, FREDERICK JOHN	
STREET ADDRESS	8 CEDAR CHINE	
CITY-ST-ZIP	ASHEVILLE NC	
TITLE	DT	<input type="checkbox"/> Delete
NAME	STINGEL, JANET S.	
STREET ADDRESS	8 CEDAR CHINE	
CITY-ST-ZIP	ASHEVILLE NC	
TITLE	V	<input type="checkbox"/> Delete
NAME	STINGEL, JOHN	
STREET ADDRESS	14 BENT OAK LANE	
CITY-ST-ZIP	ASHEVILLE NC	
TITLE	V	<input type="checkbox"/> Delete
NAME	STINGEL, JEFF	
STREET ADDRESS	115 VISTA BLVD	
CITY-ST-ZIP	ARDEN NC	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stingel, Frederick John	
STREET ADDRESS	21 Cedar Hill	
CITY-ST-ZIP	Asheville, NC 28803	
TITLE	DTS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stingel, Janet S.	
STREET ADDRESS	21 Cedar Hill	
CITY-ST-ZIP	Asheville, NC 28803	
TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stingel, John F.	
STREET ADDRESS	614 Holt Lane	
CITY-ST-ZIP	Asheville, NC 28803	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/99)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Janet S. stingel, Treasurer, February 3, 2000

Date

Daytime Phone #