2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2001 08:00 AM
Secretary of State

DOCUMENT # **P97000103837**

1. Entity Name
R.T.I. CUSTOM AUTO ACCESSORIES, INC.

Principal Place of Business	Mailing Address
8504 ADAMO DRIVE TAMPA FL 33619	8504 ADAMO DRIVE TAMPA FL 33619

2. Principal Place of Business	3. Mailing Address
8504 ADAMO DRIVE	8504 ADAMO DRIVE
Suite, Apt. #, etc.: #B	Suite, Apt. #, etc.: #B
City & State: TAMPA FL	City & State: TAMPA FL
Zip: 33619 Country:	Zip: 33619 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3481805 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JEFFRIES DAVID M
220 SOUTH FRANKLIN STREET
TAMPA FL
33602 US

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 ______________________ 09/08/2001
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 $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	PM	☐ Delete
NAME	WILLIAMS R	
STREET ADDRESS	8504 ADAMO DR	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	VTS	☐ Delete
NAME	WILLIAMS S	
STREET ADDRESS	8504 ADAMO DR	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (11/00)

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: SANDRA WILLIAMS VP 09/08/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #