

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90060 028 ***150.00

DOCUMENT # F02000000852

1. Entity Name
AUTOMOTIVE ARMOR MANUFACTURING, INC.



Principal Place of Business
**1150 13TH AVE., EAST
PALMETTO FL 34221**

Mailing Address
**1150 13TH AVE., EAST
PALMETTO FL 34221**

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 **04-3434722**

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

**RODHOUSE, PAUL F
6470 MOURNING DOVE DR., #204
BRADENTON FL 34210**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Rodhouse PAUL F.
Signature, typed or printed name of registered agent and title if applicable

Paul F. Rodhouse
(NOTE: Registered Agent signature required when reinstating)

1-9-03
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PCD**
NAME **RODHOUSE, PAUL F** ☐ Delete
STREET ADDRESS **6470 MOURNING DOVE DR., #204**
CITY-ST-ZIP **BRADENTON FL**

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

TITLE **TD**
NAME **RODHOUSE, STEPHEN** ☐ Delete
STREET ADDRESS **6470 MOURNING DOVE DR., #204**
CITY-ST-ZIP **BRADENTON FL**

TITLE **VP** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~S~~ ☒ Delete
NAME **RODHOUSE, JEFF**
STREET ADDRESS **5801 N. ATLANTIC AVE #604**
CITY-ST-ZIP **CAPE CANAVERAL FL**

TITLE **Treasurer / Director** ☐ Change ☒ Addition
NAME **Gloria Rodhouse**
STREET ADDRESS **6470 MOURNING DOVE DR. #204**
CITY-ST-ZIP **Bradenton, FL 34210**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Paul F. Rodhouse 1-9-02 941-721-3335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)