

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90054 001 ***300.00

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1. Entity Name
DRIVERSHIELD CORP.



Principal Place of Business
12514 W ATLANTIC BLVD
CORAL SPRINGS, FL 33071

Mailing Address
12514 W ATLANTIC BLVD
CORAL SPRINGS, FL 33071

66400444



01202004 Chg-P CR2E034 (10/03)

4. FEI Number
11-2754012

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROTHMAN, MICHAEL
11900 BISCAYNE BLVD., SUITE 740
MIAMI, FL 33181

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

SIGNATURE

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

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE CS
NAME SIEGEL, BARRY
STREET ADDRESS 12514 W ATLANTIC BLVD
CITY-ST-ZIP CORAL SPRINGS, FL 33071 ☐ Delete

TITLE D
NAME FRIEDMAN, KENNETH
STREET ADDRESS 12514 W ATLANTIC BLVD
CITY-ST-ZIP CORAL SPRINGS, FL 33071 ☐ Delete

TITLE D
NAME SPIEGEL, BEN
STREET ADDRESS 12514 W ATLANTIC BLVD
CITY-ST-ZIP CORAL SPRINGS, FL 33071 ☐ Delete

TITLE T
NAME KART, PHILIP B
STREET ADDRESS 3075 VETERANS MEMORIAL HIGHWAY
CITY-ST-ZIP RONKONKOMA, NY 11779 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE Vice President Finance
NAME Phil Kart
STREET ADDRESS 12514 W. Atlantic Blvd.
CITY-ST-ZIP Coral Springs, FL 33071 ☒ Change ☐ Addition

TITLE Director
NAME Bruce Udell
STREET ADDRESS 12514 W. Atlantic Blvd.
CITY-ST-ZIP Coral Springs, FL 33071 ☐ Change ☒ Addition

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #