

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90334 021 ***150.00

0417008 AV

DOCUMENT # K31578

1. Entity Name
AUTO CRAFT EXPERTS, INC.



Principal Place of Business
P. O. BOX 219
DELRAY BEACH FL 33447-0219

Mailing Address
P. O. BOX 219
DELRAY BEACH FL 33447-0219

2. Principal Place of Business
6575 LAKE LORAN WAY
Suite, Apt. #, etc.

3. Mailing Address
6575 LAKE LORAN WAY
Suite, Apt. #, etc.

City & State
LAKE WORTH FL

City & State
LAKE WORTH FL

Zip
33467 **Country**
USA

Zip
33467 **Country**
USA

4. FEI Number **65-0081504**

Applied For
Not Applicable

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

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

ELLIS, JACQUELINE L.
7135 CHESAPEAKE CIR
BOYNTON BEACH FL 33462

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 *Jacqueline L. Ellis*

(NOTE: Registered Agent signature required when reinstating)

DATE

4/17/2003

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☐ **Delete**
NAME **ELLIS, HARRY T., JR.**
STREET ADDRESS **7135 CHESAPEAKE CIR**
CITY-ST-ZIP **BOYNTON BEACH FL 33462**

TITLE ☐ **Change** ☐ **Addition**
NAME **6575 LAKE LORAN WAY**
STREET ADDRESS **LAKE WORTH, FL 33467**
CITY-ST-ZIP

TITLE **VPT** ☐ **Delete**
NAME **ELLIS, JACQUELINE L.**
STREET ADDRESS **7135 CHESAPEAKE CIR**
CITY-ST-ZIP **BOYNTON BEACH FL 33462**

TITLE ☐ **Change** ☐ **Addition**
NAME **6575 LAKE LORAN WAY**
STREET ADDRESS **LAKE WORTH, FL 33467**
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Jacqueline L. Ellis*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/2003 **561-523-5504**

CR2E034 (10/02)