

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K61677

1. Entity Name

IDEAL AUTOMOTIVE & TRUCK ACCESSORIES, INC.

FILED
Feb 03, 2000 8:00 am
Secretary of State

02-03-2000 90012 008 ***150.00

Principal Place of Business

6560 POWERLINE RD
FT LAUDERDALE FL 33309
US

Mailing Address

6560 POWERLINE RD
FT LAUDERDALE FL 33309-2024
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0290863

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CRAMER, DALE W.
6560 POWERLINE RD
FT. LAUDERDALE FL 33309

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

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, 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

TITLE NAME	P CRAMER, DALE W.	<input type="checkbox"/> Delete
STREET ADDRESS	5200 NE 31ST AVE.	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE NAME	V CRAMER, JOHN P.	<input type="checkbox"/> Delete
STREET ADDRESS	2850 NE 23RD ST.	
CITY-ST-ZIP	FT LAUDERDALE FL 33305	
TITLE NAME	S CRAMER, EDWARD W.	<input type="checkbox"/> Delete
STREET ADDRESS	700 PARKSIDE CIRCLE NORTH	
CITY-ST-ZIP	BOCA RATON FL	
TITLE NAME	T CRAMER, DANIEL J.	<input type="checkbox"/> Delete
STREET ADDRESS	2895 NE 26 PLACE	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

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

Date

Daytime Phone #

CR2E034 (9/99)