

2001 UNIFORM BUSINESS REPORT (UBR)

5/1

**FILED**  
**May 24, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90055 010 \*\*\*158.75

DOCUMENT # **L07170**

1. Entity Name  
**FLORIDA AUTO TRIM, INC.**

Principal Place of Business      Mailing Address  
**708 CARSWELL AVENUE      708 CARSWELL AVENUE**  
**HOLLY HILL FL 32117      HOLLY HILL FL 32117**  
**US      US**

46755



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FF Number <b>59-2982235</b>	Applied For <input type="checkbox"/>
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	Not Applicable <input type="checkbox"/>
City & State		City & State			
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>MASTERS, JOHN M</b> <b>1539 CENTER AVE</b> <b>HOLLY HILL FL 32117</b>			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ 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 of Special Agent in Charge of registered agent and the filer/declarant)      (NOTE: Registered Agent's signature is not required)      (Date)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW! FEE IS \$150.00</b> After MAY 1, 2001 Fee will be \$650.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>P</b> <b>TODORA, FRANK J.</b> <b>340 CUMBRLAND AVE</b> <b>ORMOND BEACH FL</b>	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>V</b> <b>PFLUGER, JOSEPH</b> <b>1160 VIENNA</b> <b>AUSTRIA EUROPE</b>	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>S</b> <b>BROWN, VICTORIA F</b> <b>50 HIGH RIDGE RD</b> <b>HOLLY HILL FL 32117</b>	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>S/T</b> <b>Brown, Victoria F.</b> <b>3585-Bareback Trail</b> <b>Ormond Beach, FL 32174</b>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>V</b> <b>WENNER, MARTHA</b> <b>251 SANCHEZ AV</b> <b>ORMOND BCH FL</b>	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>V</b> <b>Todora, Peter S.</b> <b>5 Fenwick Lane</b> <b>Palm Coast, FL 32137</b>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>T</b> <b>WENNER, BARRY LEE</b> <b>251 SANCHEZ AVE</b> <b>ORMAOND BCH FL</b>	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 a member 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, changed, or on an attachment with an address, with all other like empowered

SIGNATURE: *Victoria F. Brown* **Victoria F. Brown** 3-14-01 386-253-1065  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR25094 (1-0-00)