FILED

Date

Daytime Phone #

## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE REQUIRED

SIGNATURE:

## Apr 09, 2003 8:00 am Secretary of State M78223 DOCUMENT # 04-09-2003 90157 014 \*\*\*150.00 1. Entity Name WINDOW TINT U.S.A., INC. Principal Place of Business Mailing Address 1975 NW 18TH ST 1975 NW 18TH ST POMPANO BEACH FL 33069 POMPANO BEACH FL 33069 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State 4. FEI Number City & State 65-0047715 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LUCK, JAMES Street Address (P.O. Box Number is Not Acceptable) 5331 S.W. 199 AVE. FT. LAUDERDALE FL 33332 Zip Code City 8. The above named entity submits this statement for the anging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept se of the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and the (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Hake Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Change Addition Delete TITLE TITLE LUCK, JAMES NAME NAME 5331 S.W. 199 AVE. STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME \* STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete DILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.