

FILED
Jun 19, 2003 8:00 am
Secretary of State

05-01-2003 90255 029 ***150.00

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

DOCUMENT # P00000031977

1. Entity Name
MOWATT'S AUTO SALES, INC.



Principal Place of Business
204-B N.W. 2ND AVENUE
HALLANDALE BEACH FL 33009

Mailing Address
204-B N.W. 2ND AVENUE
HALLANDALE BEACH FL 33009

33040333

2. Principal Place of Business
5636 Dawson St.
Suite, Apt. #, etc.

3. Mailing Address
5636 Dawson St.
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Hollywood FL
Zip 33023 Country U.S.A.

City & State
Hollywood FL
Zip 33023 Country U.S.A.

4. FEI Number 65-0995236
Applied For
☒ Not Applicable

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

6. Name and Address of Current Registered Agent
MOWATT, HOWARD M
19625 NW 8TH COURT
MIAMI FL 33169

7. Name and Address of New Registered Agent
Name Sophia M Mowatt
Street Address (P.O. Box Number is Not Acceptable)
19625 NW 8 Ct
Miami
City FL Zip Code 33169

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 *Sophia M Mowatt*
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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|------------------|--------------------|----------------|---------------------------------|
| | MOWATT, HOWARD M | 19625 NW 8TH COURT | MIAMI FL 33169 | |
| | | | | <input type="checkbox"/> Delete |
| | | | | <input type="checkbox"/> Delete |
| | | | | <input type="checkbox"/> Delete |
| | | | | <input type="checkbox"/> Delete |
| | | | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
|-------|-----------------|--------------------|-----------------|---------------------------------|--|
| V/S | Sophia M Mowatt | 19625 NW 8th Court | Miami, FL 33169 | | |
| | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| | | | | <input type="checkbox"/> Change | <input type="checkbox"/> 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: *Sophia M Mowatt*
Signature and typed or printed name of signing officer or director

4-27-03 954-962-5483
Date Daytime Phone #

CR2034 (10/02)