FILED
May 06, 2003 8:00 am
Secretary of State
05-06-2003 90039 005 ***160.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000037354

1. Entity Name
ANCLOTE AUTO SALES, INC.

90130996

Principal Place of Business
35928 US HWY 19N
PALM HARBOR, FL 34684

Mailing Address
35928 US HWY 19N
PALM HARBOR, FL 34684

2. Principal Place of Business		3. Mailing Address	
2530 LAND OLAKES Blvd		2530 LAND OLAKES Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: LAND O LAKES Fl.		City & State: LAND O LAKES Fl.	
Zip: 34639	Country: USA	Zip: 34639	Country: USA

X CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3637783 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
GRIGORIS, TONY
1756 ALTERNATE 19
TARPON SPRINGS, FL 34689

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 ______
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.		
TITLE	D	☐ Delete	TITLE	D	☐ Change X Addition
NAME	HAYS, PHILIP M		NAME	JAMES William SNIDER JR.	
STREET ADDRESS	2418 HOUNDS TRAIL		STREET ADDRESS	2530 LOL Blvd	
CITY-ST-ZIP	PALM HARBOR, FL 34684		CITY-ST-ZIP	LOL Fl. 34639	
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HAYS, KATHRYN O		NAME		
STREET ADDRESS	2418 HOUNDS TRL.		STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR, FL 34684		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

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: Philip M. Hays / Philip M. Hays Pres. 813-263-3678 4-30-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #