FILED

03 MAY 16 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P00000041345**

1. Entity Name
CLIFFORD'S AUTO TRANSPORT, INC.

Principal Place of Business
1008 ISLAND BAY CIR
SANFORD, FL 32771

Mailing Address
P.O .BOX 320
SANFORD, FL 32772

00002004547O
05/28/03--01065--015 **$550.00

2. Principal Place of Business: 2070 Hurston Ave
Suite, Apt. #, etc.
City & State: Sanford FL
Zip: 32771 Country: Seminole

3. Mailing Address: 118 West Orange St
Suite, Apt. #, etc.
City & State: Altamonte Springs, FL
Zip: 32714 Country: Seminole

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-3639663 | Applied For | Not Applicable

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

6. Name and Address of Current Registered Agent
GROOMS, CLIFFORD
1008 ISLAND BAY CIR
SANFORD, FL 32771

7. Name and Address of New Registered Agent
Name: Kelley e Goldberg
Street Address (P.O. Box Number is Not Acceptable): 118 West Orange St.
City: Altamonte Springs FL Zip Code: 32714

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 ____________ 5/1/03
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD GROOMS, CLIFFORD 1008 ISLAND BAY CIR SANFORD, FL 32771	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: Clifford Grooms
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #