

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90972 024 ***150.00

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DOCUMENT # P02000003202

1. Entity Name

EXHAUST DEPOT DISTRIBUTORS, INC.



Principal Place of Business

~~6036 SW 35TH ST~~
DAVIE FL 33314

Mailing Address

~~6036 SW 35TH ST~~
DAVIE FL 33314

2. Principal Place of Business

15204 SW 49 ST

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAVIE, FL

City & State

SAME

Zip
33331

Country

Zip

Country

4. FEI Number

06057111

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

DE LEON, HECTOR
6036 SW 35TH ST
DAVIE FL 33314

7. Name and Address of New Registered Agent

Name **DE LEON, HECTOR**

Street Address (P.O. Box Number is Not Acceptable)

15204 SW 49 ST

City **DAVIE**

FL

Zip Code **33331**

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

4/28/03

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 **PD** ☐ Delete
NAME **DE LEON, HECTOR**
STREET ADDRESS **6036 SW 35TH ST**
CITY-ST-ZIP **DAVIE FL 33314**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME **DE LEON, HECTOR**
STREET ADDRESS **15204 SW 49 ST**
CITY-ST-ZIP **DAVIE, FL 33331**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-03 954-662-7766

Date

Daytime Phone #

CR2E034 (10/02)