

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90164 022 \*\*\*150.00

DOCUMENT # P02000020112

1. Entity Name  
TOWNECRAFT DEALER OF FLORIDA CORP.



Principal Place of Business  
2120 58TH AVENUE SUITE 202  
VERO BEACH FL 32966

Mailing Address  
2120 58TH AVENUE SUITE 202  
VERO BEACH FL 32966



2. Principal Place of Business  
4207 South OLIVE AVE  
Suite, Apt. #, etc.

3. Mailing Address  
4207 South OLIVE AVE  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
West Palm Beach FL  
Zip Country  
33405 Palm Beach

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West Palm Beach FL  
Zip Country  
33405 Palm Beach

4. FEI Number  
01-0608475  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

SOSSA, ERICK T  
2120 58TH AVENUE SUITE 202  
VERO BEACH FL 32966

## 7. Name and Address of New Registered Agent

Name  
SOSSA, ERICK T  
Street Address (P.O. Box Number is Not Acceptable)  
4207 South OLIVE AVE  
City West Palm Beach FL Zip Code 33405

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 *Erick T. Sossa*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-24-03  
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 PST  
STREET ADDRESS SOSSA, ERICK T  
CITY-ST-ZIP 2120 58TH AVENUE SUITE 202  
VERO BEACH FL 32966 ☐ Delete

TITLE  
NAME VPD  
STREET ADDRESS SOSSA, ERICK T  
CITY-ST-ZIP 2120 58TH AVENUE SUITE 202  
VERO BEACH FL 32966 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME PST  
STREET ADDRESS SOSSA, ERICK T  
CITY-ST-ZIP 4207 South OLIVE AVE  
West Palm Beach FL 33405 ☒ Change ☐ Addition

TITLE  
NAME VPD  
STREET ADDRESS SOSSA, ERICK T  
CITY-ST-ZIP 4207 South OLIVE AVE  
West Palm Beach FL 33405 ☒ Change ☐ Addition

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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: *Erick T. Sossa*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-03 561-8055994

Date Daytime Phone #

CR2E034 (10/02)