

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91181 028 ***150.00

0425220 AV

DOCUMENT # P02000023067

1. Entity Name
60 MIN. AUTO TINT NORTH, INC.



Principal Place of Business
**7337 SHELL RIDGE TERRACE
LAKE WORTH FL 33467**

Mailing Address
**7337 SHELL RIDGE TERRACE
LAKE WORTH FL 33467**

2. Principal Place of Business
10658 So. Federal Hwy
Suite, Apt. #, etc.

3. Mailing Address
10658 So. FEDERAL HWY,
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Port St. Lucie, FL

City & State
Port St. Lucie, FL

4. FEI Number
35-2161043

Applied For
☐ Not Applicable

Zip Country
34952 USA

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34952 USA

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

6. Name and Address of Current Registered Agent

**EKSTROM, DAVID
7337 SHELL RIDGE TERRACE
LAKE WORTH FL 33467**

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

TITLE **D** ☐ Delete
NAME **EKSTROM, DAVID**
STREET ADDRESS **7337 SHELL RIDGE TERRACE**
CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/03

561-689-0262

Date Daytime Phone #

CR2E034 (10/02)