

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

03-26-2003 90130 033 ***158.75

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1. Entity Name
**A FLORIDA CAR & TRUCK RADIATOR REPAIR/SERVICE, I
NC.**



Principal Place of Business
**2150 MADISON STREET
HOLLYWOOD FL 33020**

Mailing Address
**2150 MADISON STREET
HOLLYWOOD FL 33020**

6412 Mayo Street *6412 Mayo Street*

2. Principal Place of Business
2601 SW 31st AVE

3. Mailing Address
6412 Mayo Street

Suite, Apt. #, etc.
Pembroke Park FL

Suite, Apt. #, etc.
Hollywood FL

City & State
FL

City & State
FL

Zip
33009

Country
FLORIDA

5. Name and Address of Current Registered Agent
**MOULTON, ROBERT
2150 MADISON STREET
HOLLYWOOD FL 33020**
*Need to change to
A.N. - S. Corporation
Please make change*

7. Name and Address of New Registered Agent
**Name
Street Address (P.O. Box Number is Not Acceptable)
6412 Mayo Street
City Hollywood FL FL Zip Code 33023**

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 *Robert Moulton*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1 30 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
NAME **MOULTON, ROBERT**
STREET ADDRESS **2150 MADISON STREET**
CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE **6412 Mayo Street** ☐ Change ☒ Addition
NAME **Hollywood FL 33023**
STREET ADDRESS
CITY-ST-ZIP

TITLE **ROBERT MOULTON** ☐ Delete
NAME **6412 Mayo Street**
STREET ADDRESS **Hollywood FL 33023**
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **1 29 03**
Daytime Phone #

CR2E034 (10/02)