

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90220 024 ***150.00

DOCUMENT # P02000061072

1. Entity Name
FUBAR AUTO TRANSPORT INC.



Principal Place of Business
**4905 MANATEE AVE. W
BRADENTON FL 34209**

Mailing Address
**4905 MANATEE AVE. W
BRADENTON FL 34209**

2. Principal Place of Business
11412 Old Tampa Rd
Suite, Apt. #, etc.

3. Mailing Address
11412 Old Tampa Rd
Suite, Apt. #, etc.

City & State
PARRISH FL
-Zip- -Country-
34219 USA

City & State
PARRISH FL
Zip Country
34219 USA

4. FEI Number
57-113-0474

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

NIXON, JAMES M II
4905 MANATEE AVE. W
BRADENTON FL 34209

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **NIXON, JAMES M II**
STREET ADDRESS **4905 MANATEE AVE. W**
CITY-ST-ZIP **BRADENTON FL 34209**

TITLE **President** ☐ Delete
NAME **Douglas K Pearson**
STREET ADDRESS **11412 Old Tampa Rd**
CITY-ST-ZIP **PARRISH FL 34219**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT - P** ☐ Change ☒ Addition
NAME **Douglas K Pearson**
STREET ADDRESS **11412 Old Tampa Rd**
CITY-ST-ZIP **PARRISH FL 34219**

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

TITLE ☐ Change ☐ Addition
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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 REQUIRED
Douglas K Pearson

2-9-03
Date

941-942-3545
Daytime Phone #