

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-28-2003 90458 017 ***150.00

DOCUMENT # P02000069537

1. Entity Name
AMERICAN TRUCK & VAN ACCESSORIES, INC.



Principal Place of Business
5145 NORTH DIXIE HIGHWAY
POMPANO BEACH FL 33064

Mailing Address
5145 NORTH DIXIE HIGHWAY
POMPANO BEACH FL 33064

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

42-1541400

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

7. Name and Address of New Registered Agent

FRAZIER, ROBERT W JR. ESQ
2400 EAST COMMERCIAL BLVD., SUITE 826
FORT LAUDERDALE FL 33308

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME SULLIVAN, ROBERT A
STREET ADDRESS 119 ROYAL PARK DRIVE, #1B
CITY-ST-ZIP FORT LAUDERDALE FL 33309

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

TITLE VP ☐ Delete
NAME KING, TERRY J
STREET ADDRESS 119 ROYAL PARK DRIVE, #1B
CITY-ST-ZIP FORT LAUDERDALE FL 33309

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

TITLE VPD ☐ Delete
NAME CASEY, CORNELIUS P
STREET ADDRESS 26 ANNLEE LANE
CITY-ST-ZIP TAMARAC FL 33319

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

TITLE STD ☐ Delete
NAME SULLIVAN-KING, KATHLEEN D
STREET ADDRESS 110 ROYAL PARK DRIVE #1B
CITY-ST-ZIP FORT LAUDERDALE FL 33309

☒ Change ☐ Addition
NAME King, Kathleen S
STREET ADDRESS 119 Royal Park Drive #1B
CITY-ST-ZIP FORT Lauderdale, FL 33309

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
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:

Kathleen S Sullivan-King
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-03

954-354-0660

Date

Daytime Phone #

CR2E034 (10/02)

Attachment

80092935

P02000069537

Florida DRIVER LICENSE CLASS E

The Sunshine State

LICENSE NUMBER
K520-517-53-605-0

KATHLEEN SULLIVAN KING
119 ROYAL PARK DR #1B
OAKLAND PARK, FL 33309-6884

BIRTH DATE	SEX	HGT.	REST.	ENDORSE
03-28-63	F	5-03	A	
ISSUED	EXPIRES	DUPLICATE		
02-17-00	03-25-08	08-14-02		

Kathleen S. King

R080208140023

Operation of a motor vehicle constitutes consent to any sobriety test required by law.