

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90213 041 ***150.00

DOCUMENT # P02000073598

1. Entity Name

**FLORIDA CONSUMER FOREIGN & DOMESTIC AUTO
BROKERS INC.**



Principal Place of Business

**820 BELL RD., UNIT A
SARASOTA FL 34240**

Mailing Address

**820 BELL RD., UNIT A
SARASOTA FL 34240**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

35-2174319

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JUDD, G. JUSTIN JR.
820 BELL RD., UNIT A
SARASOTA FL 34240**

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]

G JUSTIN JUDD JR PRES 1-27-04

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, 2004 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 **PT** ☐ Delete
NAME **JUDD, G. JUSTIN JR.**
STREET ADDRESS **820 BELL RD., UNIT A**
CITY-ST-ZIP **SARASOTA FL 34240**

TITLE **S** ☐ Delete
NAME **DURAND, ALICE M**
STREET ADDRESS **820 BELL RD., UNIT A**
CITY-ST-ZIP **SARASOTA FL 34240**

TITLE **D** ☒ Delete
NAME **DOWLING, JOHN**
STREET ADDRESS **820 BELL RD., UNIT A**
CITY-ST-ZIP **SARASOTA FL 34240**

TITLE ☐ Delete
NAME **JUDD G JUSTIN**
STREET ADDRESS **820 BELL RD**
CITY-ST-ZIP **SARASOTA FL 34240**

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 * TREASURER** ☐ Change ☐ Addition
NAME
STREET ADDRESS **1915 DALE CROFT RD**
CITY-ST-ZIP **SARASOTA FL 34235**

TITLE **REMOVE FROM CORPORATION** ☒ Change ☐ Addition
NAME
STREET ADDRESS **DELETED AS OF 1-27-04**
CITY-ST-ZIP *[Signature]* **4-30-04 Pres**

TITLE **REMOVE FROM CORPORATION** ☒ Change ☐ Addition
NAME
STREET ADDRESS **DELETED AS OF 1-27-04**
CITY-ST-ZIP *[Signature]*

TITLE **SECRETARY UNTIL** ☐ Change ☒ Addition
NAME
STREET ADDRESS **FURTHER NOTICE**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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]

G JUSTIN JUDD JR PRES 1-27-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #