

ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90327 002 ***150.00

DOCUMENT # P02000133242

1. Entity Name
BRUT UPHOLSTERY & AUTO INTERIORS, INC.



Principal Place of Business
**9921 NEW KINGS RD STE 103
 JACKSONVILLE, FL 32219**

Mailing Address
**9921 NEW KINGS RD STE 103
 JACKSONVILLE, FL 32219**

2. Principal Place of Business
7573 WARBLER RD
 Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 62209
 Suite, Apt. #, etc.

City & State
Jacksonville FLA
 Zip
32219
 Country
DUVAL

City & State
Jacksonville Florida
 Zip
32208
 Country
DUVAL

04232004 Chg-P CR2E034 (10/03)

4. FEI Number
42-1579925
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

JASTER, MIKE E
9921-NEW KINGS RD. STE. 103
JACKSONVILLE, FL 32219

7. Name and Address of New Registered Agent

Name
Mike E. Jaster
 Street Address (P.O. Box Number is Not Acceptable)
7573 WARBLER Road
 City
Jacksonville FL Zip Code
32219

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JASTER, MIKE E 9921 NEW KINGS RD STE 103 JACKSONVILLE, FL 32219	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Jaster, Mike E. 7573 WARBLER Rd JACKSONVILLE FLA 32219	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Mike E. Jaster **Mike E. Jaster**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-04 (904) 924-2411
 Date Daytime Phone #