

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000020147

1. Entity Name
ALTERNATIVE AUTOMOTIVE OF SARASOTA, INC.



Principal Place of Business
979 S PACKINGHOUSE RD
SARASOTA, FL 34232 US

Mailing Address
979 S. PACKINGHOUSE RD.
SARASOTA, FL 34232 US



04272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0395804

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JUDD, STEVEN H
2940 S. TAMiami TRAIL
SARASOTA, FL 34239

**DO NOT WRITE
IN THIS SPACE**

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, 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 PD
NAME WALTERS, STEVEN J
STREET ADDRESS 4979 OLDHAM STREET
CITY-ST-ZIP SARASOTA, FL 34238

TITLE S
NAME WALTERS, LARRY L.
STREET ADDRESS 8065 VIA FIORE
CITY-ST-ZIP SARASOTA, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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U00000154826
05/05/04-80012-008 150.00

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IN THIS SPACE**

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: *Steven J Walters*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN J WALTERS, PRES. 4/27/04 94-379 4321

Date

Daytime Phone #