

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90153 038 ***158.75

DOCUMENT # P94000013383

1. Entity Name
AUTO INTERIOR SPECIALIST, INCORPORATED



Principal Place of Business
4735 NW 22ND STREET
POMPANO BEACH FL 33063

Mailing Address
4735 NW 22ND STREET
POMPANO BEACH FL 33063

2. Principal Place of Business

4735 N.W. 22nd Street
Suite, Apt. #, etc.

3. Mailing Address

4735 N.W. 22nd Street
Suite, Apt. #, etc.

City & State

Coconut Creek, FL

City & State

Coconut Creek, FL

Zip

33063

Country

U.S.

Zip

33063

Country

U.S.

4. FEI Number

65-0485298

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

WILLIAMS, JOHN D
272 N.E. 47TH STREET
POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent

Name
Williams, John D.

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

4735 N.W. 22nd Street

City

Coconut Creek

FL

Zip Code

33063

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

John D. Williams John D. Williams (President)

4-15-03

DATE

FILE NOW!!! FEE IS \$160.00

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

TITLE P ☐ Delete
NAME WILLIAMS, JOHN D
STREET ADDRESS 272 N.E. 47TH STREET
CITY-ST-ZIP POMPANO BEACH FL 33064

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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:

John D. Williams John D. Williams (President) 4-15-03 (754)368-1061

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)