

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2001 8:00 am**  
**Secretary of State**

05-24-2001 90499 028 \*\*\*558.75

**DOCUMENT # P94000052400**

1. Entity Name

**E-Z ON AUTO TOPS INC.**

Principal Place of Business

Mailing Address

P.O. BOX 2625  
 444 GRAND ST.  
 PATERSON NJ 07509

P.O. BOX 2625  
 444 GRAND ST.  
 PATERSON NJ 07509

*change*  
 ↓

*change*  
 ↓

2. Principal Place of Business

3. Mailing Address

**P.O. BOX 130**

**P.O. BOX 130**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**124 DIAL ROAD**

**124 DIAL ROAD**

City & State

City & State

**IVA, SC**

**IVA SC**

Zip

Country

Zip

Country

**29655**

**USA**

**29655**

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3282674**

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

**THE PRENTICE HALL CORPORATION SYSTEM, INC.**  
**1201 HAYS ST.**  
**SUITE 105**  
**TALLAHASSEE FL 32301**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOT)

Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so ☒  
 (See criteria on back)

**FILE NOW!**  
**After MAY 1, 2001**  
**Fee IS \$150.00**  
**Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTSD** ☒ Delete  
 NAME **OPPER, EVELYN**  
 STREET ADDRESS **10-15 CHARLES ST**  
 CITY-ST-ZIP **FAIRLAWN NJ 07410**

TITLE **PTSD** ☐ Change ☒ Addition  
 NAME **LEO DAVIS**  
 STREET ADDRESS **P.O. BOX 130 124 DIAL RD**  
 CITY-ST-ZIP **IVA, SC, 29622**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

13. 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 is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Leo Davis* **LEO DAVIS** 5/20/01 800 345-2886

CR2E034 (10/00)