


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90147 041 \*\*\*150.00

**DOCUMENT # P94000063579**

1. Entity Name  
**75 CHROME SHOP, INC.**



Principal Place of Business  
**1-75 & S.R. 44  
EXIT 66  
WILDWOOD FL 34785** *change*

Mailing Address  
**P.O. BOX 567  
WILDWOOD FL 34785**



2. Principal Place of Business  
**419A E SR 44**

3. Mailing Address  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Wildwood FL**

City & State

4. FEI Number **74-2755257**

Applied For  
 Not Applicable

Zip **34785** Country

Zip Country

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

6. Name and Address of Current Registered Agent

**FARKUS, WILLIAM  
4424 NORTH U.S. 301  
WILDWOOD FL 34785**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**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 <b>P</b>	<input type="checkbox"/> Delete
NAME <b>FARKUS, WILLIAM</b>	
STREET ADDRESS <b>4424 NORTH U.S. 301</b>	
CITY-ST-ZIP <b>WILDWOOD FL 34785</b>	
TITLE <b>S</b>	<input type="checkbox"/> Delete
NAME <b>FARKUS, KERRI</b>	
STREET ADDRESS <b>1085 CR 246</b>	
CITY-ST-ZIP <b>OXFORD FL 34484</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete
NAME <b>FARKUS, DEBBIE</b>	
STREET ADDRESS <b>4424 N. US 301</b>	
CITY-ST-ZIP <b>WILDWOOD FL 34785</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>SANDERS, TORI</b>	
STREET ADDRESS <b>91 CR 210</b>	
CITY-ST-ZIP <b>OXFORD FL 34484</b>	
TITLE <b>T</b>	<input type="checkbox"/> Delete
NAME <b>FARKUS, WILLIAM D JR.</b>	
STREET ADDRESS <b>1085 CR 246</b>	
CITY-ST-ZIP <b>OXFORD FL 34484</b>	
TITLE <b>T</b>	<input type="checkbox"/> Delete
NAME <b>FARKUS, SHAWN</b>	
STREET ADDRESS <b>4424 N. US 301</b>	
CITY-ST-ZIP <b>WILDWOOD FL 34785</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Debbie Farkus* **1-20-03** **352 748 2337**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)