

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000084682

1. Entity Name

AUTO SUN ROOF OF FLORIDA, INC.

FILED

Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90044 002 ***150.00

Principal Place of Business

Mailing Address

4161 114TH TERRACE NORTH
CLEARWATER FL 34622
US

4161 114TH TERRACE NORTH
CLEARWATER FL 33762-4904
US

2. Principal Place of Business

3. Mailing Address

4161 114TH TERRACE NORTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CLEARWATER

FL

City & State

CLEARWATER

Zip

33762-4904

Country

USA

Zip

33762-4904

Country

USA

4. FEI Number

59-3348411

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

COWART, ROBERT J.
12000 4TH STREET NORTH
APARTMENT 71
ST. PETERSBURG FL 33716

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.

(NOTE: 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!!! FEE IS \$150.00
After MAY 1, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP
DVS
JONES, RICHARD W III
853 MILL STREET
MOORESTOWN NJ 08057 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPT
COWART, ROBERT
12000 4TH STREET NORTH APT. 71
ST. PETERSBURG FL 33716 ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Change ☐ Addition

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 as 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:

Robert J. Cowart
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT J. COWART

3/19/2000

Date

(727) 572-4723

Daytime Phone #

CR2E034 (9/99)