

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000011888

1. Entity Name

SUPERIOR AUTO TRIM, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90182 020 ***150.00

Principal Place of Business

Mailing Address

SW HWY 301
... FL 34420

11685 SW HWY 301
BELLEVIEW FL 34420

2. Principal Place of Business

11685 SE HWY 301
Suite, Apt. #, etc.

3. Mailing Address

11685 SE HWY 301
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

BELLEVIEW, FL

City & State

BELLEVIEW, FL

4. FEI Number

59-3425107

Applied For

Not Applicable

Zip

Country

34420

Zip

Country

34420

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

SMITH, EARL J
6236 S.E. GEORGE ROAD
BELLEVIEW FL 34420

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 DPV
NAME SMITH, EARL J
STREET ADDRESS 6236 SE GEORGE RD.
CITY-ST-ZIP BELLEVIEW FL 34420 ☐ Delete

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

TITLE DST
NAME SMITH, JEFFERY A
STREET ADDRESS 12380 SE 96 AVE.
CITY-ST-ZIP BELLEVIEW FL 34420 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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:

Signature and typed or printed name of signing officer or director

Date 2-21-00 352 245 41 93

Daytime Phone #

CR2E034 (9/99)