

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91842 008 ***150.00

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DOCUMENT # P97000032136

1. Entity Name
CCL AUTOMOTIVE, INC.



Principal Place of Business
CCL AUTO INC. DBA FOREIGN CAR OF HLWD
1714 N DIXIE HWY
HOLLYWOOD FL 33020
US

Mailing Address
CCL AUTO INC. DBA FOREIGN CAR OF HLWD
1714 N DIXIE HWY
HOLLYWOOD FL 33020
US



2. Principal Place of Business
CCL AUTO INC.
Suite, Apt. #, etc.

3. Mailing Address
1714 North Dixie Highway
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Hollywood Fla.

City & State
FL

4. FEI Number
65-0742340

Applied For
☐ Not Applicable

Zip
33020

Country
FLORIDA

Zip
33020

Country
FLORIDA

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

6. Name and Address of Current Registered Agent

LANCASTER, CORBIN
1714 N DIXIE HIGHWAY
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name
NONE
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
Signature, typed or printed name of registered agent and title is applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LANCASTER, CORBIN CCL AUTO INC. DBA FOREIGN CAR OF HLWD HOLLYWOOD FL 33020	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **LANCASTER, CORBIN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-03

CR2E034 (10/02)