## 0185876 AV

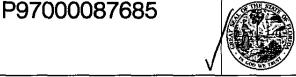
## FILED Apr 17, 2003 8:00 am Secretary of State

04-17-2003 90211 020 \*\*\*150.00

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** 

1. Entity Name
JSL AUTOMOTIVE, INC.



Principal Place of Business 1000 NORTH FEDERAL HIGHWAY POMPANO BEACH FL 33062

SIGNATURE

Mailing Address

1000 NORTH FEDERAL HIGHWAY

POMPANO BEACH FL 330	62	POMPANO BEACH	FL 33062			
2. Principal Place of Business 200 East Sunrise Blvd.		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State Ft. Lauderdale	e, FL	City & State	<u>.                                    </u>	4. FEI Number		
<sup>Zip</sup> 33364	Country USA	Zip	Country	5. Certificate of		
6. Name and Address of Current Registered Agent				7. Name and A		
ľ			Name			
HUMPHRIES, J G			Street Ad	Street Address (P.O. Box Number i		
SHUTTS & BOWEN LLP						
300 S ORANGE AVE	STE 1000					
ORLANDO FL 32801-4956			City	City		

T ENDRIGHOUS SAN INCHE IN DAL MINIST	<b>8 8</b> 1 1 1 <b>7 9</b> 1 1 1 <b>8 8 1 9</b> 1 1 <b>8 8</b> 1 1	

CHECK HERE IF MAKING CHANGES

Not Applicable

\$8.75 Additional
Fee Required

Applied For

7. Name and Address of New Registered Agent				
Name				
Street Address (P.O. Box Number	is Not Acceptable)		<del></del>	
				,
City		FL	Zip Code	

65-0787140

Status Desired

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.	

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DPS Addition TITLE ☐ Delete TITLE SMITH, PHILIP P Jon F Lutter NAME NAME STREET ADDRESS 1000 NORTH FEDERAL HIGHWAY STREET ADDRESS 1000 N. Federal Hwy CITY-ST-ZIP POMPANO BEACH FL 33062 CITY-ST-ZIP Pompano Beach, FL 33062 TITLE Delete TITLE Change ☐ Addition NAME LAKHANI, MANSOOR NAME STREET ADDRESS 1000 NORTH FEDERAL HIGHWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33062 Addition TITLE TITLE ☐ Change DVT ☐ Delete AS, CFO NAME NAME DAYHOFF, MICHAEL R STREET ADDRESS STREET ADDRESS 1000 NORTH FEDERAL HIGHWAY CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33062 TITLE TITLE. <del>13</del> Delete ☐ Change Addition <del>DAYHOFF, MICHAEL R</del>-NAME NAME STREET ADDRESS STREET ADDRESS 1000 NORTH FEDERAL HIGHWAY CITY-ST-ZIP POMPANO-BEACH-FL 33062-CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNAYS OFFICE OF DIRECTOR

4/3/03

954-867-1234

Daytime Phone #

R2F034 (10/02)