

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91073 023 ***150.00

DOCUMENT # P97000094141

1. Entity Name

NEW ERA EXHAUST PRODUCTS, INC.



Principal Place of Business

1715 NOVA RD.
HOLLY HILL FL 32117

Mailing Address

1715 NOVA RD.
HOLLY HILL FL 32117

2. Principal Place of Business

1711 N NOVA RD

3. Mailing Address

1711 N NOVA RD

Suite, Apt. #, etc.

UNIT I

Suite, Apt. #, etc.

UNIT I

City & State

HOLLY HILL FL

City & State

HOLLY HILL FL

Zip

32117

Country

USA

Zip

32117

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3480065

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HIGGS, CHRISTOPHER L

271 RUDEO ROAD

ORMOND BEACH FL 32174

7. Name and Address of New Registered Agent

Name

CHRISTOPHER L HIGGS

Street Address (P.O. Box Number is Not Acceptable)

110 CAMINO CIRCLE

City

ORMOND BEACH

FL

Zip Code

32117

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

Christopher L Higgs

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

(NOTE: Registered Agent signature required when reinstating)

3-12-03

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	D	<input type="checkbox"/> Delete
NAME	HIGGS, CHRISTOPHER L	
STREET ADDRESS	110 CAMINO FIR	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	D	<input type="checkbox"/> Delete
NAME	HIGGS, MICHAEL V.	
STREET ADDRESS	271 RUDEO RD	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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
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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:

CHRISTOPHER L HIGGS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-03

Date

386-566-6741

Daytime Phone #

CR2E034 (10/02)