

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

0637582 SP

DOCUMENT # **P98000068048**

1. Entity Name
AUTO TRUCK WAREHOUSE U.S.A., INC.

04-08-2002 90220 033 ***150.00

Principal Place of Business Mailing Address
1694 TIMOWAN WAY UNIT 150 **1694 TIMOWAN WAY UNIT 150**
LONGWOOD FL 32750 **LONGWOOD FL 32750**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **349 E SR 434** 3. Mailing Address **349 E SR 434**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **LONGWOOD, FL** City & State **LONGWOOD, FL** 4. FEI Number **59-3528864** Applied For
 Not Applicable

Zip **32750** Country **US** Zip **32750** Country **US** 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
BOOMER, GEORGE B SR.
1654 TIMOWAN WAY 150
LONGWOOD FL 32750

7. Name and Address of New Registered Agent
 Name **GEORGE B. BOOMER (SR.)**
 Street Address (P.O. Box Number is Not Acceptable) **349 E SR 434**
 City **LONGWOOD** FL **32750**

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 **G. Boomer SR** DATE **3/27/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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	PST BOOMER, GEORGE B SR. 1694 TIMOWAN WAY 150 LONGWOOD FL 32750 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST BOOMER, GEORGE B. (SR.) 349 E SR 434 LONGWOOD FL 32750 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOOMER, GEORGE B JR 1694 TIMOWAN WAY 150 LONGWOOD FL 32750 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOOMER, GEORGE B. (SR.) 349 E SR 434 LONGWOOD FL 32750 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. BOOMER, TONYA L 1694 TIMOWAN WAY 150 LONGWOOD FL 32750 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **G. Boomer SR** **GEORGE B. BOOMER (SR.)** **PRESIDENT** **3/27/02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE034 (9/01)