

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 12, 2003 8:00 am**  
**Secretary of State**

02-12-2003 90131 044 \*\*\*150.00

**DOCUMENT # P98000068048**



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

Principal Place of Business  
**349 E SR 434  
LONGWOOD FL 32750**

Mailing Address  
**349 E SR 434  
LONGWOOD FL 32750**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-3528864**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

~~BOOMER, GEORGE B SR.  
349 E ST 434  
LONGWOOD FL 32750~~



Name **BOOMER, GEORGE B. (Jr.)**  
Street Address (P.O. Box Number is Not Acceptable)  
**349 E SR 434**  
City **LONGWOOD** FL Zip Code **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **GEORGE B. BOOMER JR**

**2/9/03**  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<del>BOOMER, GEORGE B SR.</del>	<del>349 E SR 434</del>	<del>LONGWOOD FL 32750</del>	<input checked="" type="checkbox"/>
	PST BOOMER, GEORGE B JR	349 E SR 434	LONGWOOD FL 32750	<input type="checkbox"/>
	<del>D BOOMER, TONYA L</del>	<del>1694 TIMOWAN WAY 150</del>	<del>LOANWOOD FL 32750</del>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
DIRECTOR	BOOMER, KRISTINE L.	349 E SR 434	LONGWOOD, FL 32750	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **REQUIRED 2/9/03**

Date: **2/9/03** Daytime Phone #: **407/767-9292**

CR2E034 (10/02)