

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-28-2003 90119 043 ***150.00

DOCUMENT # P99000003417

1. Entity Name
CLARK'S AUTO TRIM, INC.



Principal Place of Business
**5350 N STATE RD 7
FORT LAUDERDALE FL 33319**

Mailing Address
**1601 N DIXIE HWY
LAKE WORTH FL 33460**



2. Principal Place of Business

2950 NW 31st Ave
Suite, Apt. #, etc.

3. Mailing Address

3588 Coral Springs Dr.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Oakland Park, FL
Zip
33311
Country
USA

City & State
Coral Springs, FL
Zip
33065
Country
USA

4. FEI Number
65-0888039

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**MCCLOUD, CARL
2931 NW 17TH TERRACE
OAKLAND PARK FL 33311**

7. Name and Address of New Registered Agent

Name
McCloud, Carl
Street Address (P.O. Box Number is Not Acceptable)
3588 Coral Springs Drive
City
Coral Springs FL Zip Code
33065

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 **Carl McCloud** 3/25/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 NAME STREET ADDRESS CITY-ST-ZIP	DPTS MCCLOUD, CARL 2931 NW 17TH TERRACE OAKLAND PARK FL 33311	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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 or other like empowered.

SIGNATURE: **Carl McCloud** 3/25/03 954 739-1971
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)