2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
05-14-2002 90271 018 ***150.00

DOCUMENT # P99000029349

1. Entity Name

CROSS TOWN AUTO SALES OF TAMPA BAY, INC.

Principal Place of Business	Mailing Address
214 N. MONTCLAIR AVENUE BRANDON FL 33510	214 N. MONTCLAIR AVENUE BRANDON FL 33510

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3572103 ☐ Applied For ☐ Not Applicable

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
JOHNSON, CHESTER 214 N. MONTCLAIR AVENUE BRANDON FL 33510	Name Jim Johnson Street Address (P.O. Box Number is Not Acceptable) 505 E Hilda dr City Brandon FL Zip Code 33510

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 [signature] Jim Johnson C.E.O. 05-01-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 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	D JOHNSON, CHESTER 214 N. MONTCLAIR AVENUE BRANDON FL 33510 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Jim L. Johnson 505 E Hilda dr. Brandon FL. 33510 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, EDNA 214 N. MONTCLAIR AVENUE BRANDON FL 33510 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARK Johnson 214 Montclair Ave Brandon FL 33510 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

[redacted]

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 on an attachment with an asterisk, with all other like empowered.

SIGNATURE: [signature] 5-01-02 813 654-4477
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OR AUTHORIZED OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E024 (10/00)