

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90286 005 ***150.00

0439877 AV

DOCUMENT # P99000029349

1. Entity Name

CROSS TOWN AUTO SALES OF TAMPA BAY, INC.



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

Mailing Address
**214 N. MONTCLAIR AVENUE
BRANDON FL 33510**

2. Principal Place of Business

2516 Hwy 60 E

Suite, Apt. #, etc.

3. Mailing Address

214 Montclair AVE

Suite, Apt. #, etc.

City & State

Valrico FL

City & State

Brandon FL

Zip

33594

Country

UNITED STATES

Zip

33510

Country

U.S.A.

4. FEI Number

59-3572103

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**JOHNSON, JIM
505 E. HILDA DR
BRANDON FL 33510**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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 ☐ Delete
NAME **D JOHNSON, JIM L**
STREET ADDRESS **505 E. MILDARD DR**
CITY-ST-ZIP **BRANDON FL 33510**

TITLE ☒ Delete
NAME **D JOHNSON, MARK**
STREET ADDRESS **214 MONTCLAIR AVE**
CITY-ST-ZIP **BRANDON FL 33510**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME **D Chester Johnson**
STREET ADDRESS **214 Montclair Ave**
CITY-ST-ZIP **Brandon FL 33510**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Signature Required Johnson

4-14-03 (813) 654-4477

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)