

# 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.

CHECK HERE IF MAKING CHANGES

City & State  
**Valrico FL**  
Zip  
**33594**  
Country  
**United States**

City & State  
**Brandon FL**  
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**

**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 \_\_\_\_\_ (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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

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

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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CITY-ST-ZIP

TITLE  Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
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: **Jim Johnson**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-14-03 (813)654-4477**  
Date Daytime Phone #

CR2E034 (10/02)