2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT

P99000099774

1. Entity Name

A TO Z CLOCKS, INC.



Apr 02, 2003 8:00 am Secretary of State
04-02-2003 90071 050 ***150.00

FILED

Principal Place of Business

36529 ROLLING ACRES RD. FRUITLAND PARK FL 34731

Mailing Address

36529 ROLLING ACRES RD. FRUITLAND PARK FL 34731

2. Principal P	lace of Business	3. Mailing Address	11: - K	P
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Ling Acres	☐ CHECK HERE IF MAKING CHANGES
City & State	tLand Park Fl	Fruit bend	Park F	4. FEI Number 59-3610896 Applied For Not Applicate
3°47	3 / Country	^{Zip} 34731	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current I	Registered Agent		7. Name and Address of New Registered Agent
10111000	1 A D T 1 H D 1	and the second of the second	Name	and the state of t
JOHNSON, ARTHUR L			Street Add	dress (P.O. Box Number is Not Acceptable)
	LLING ACRES RD.			MANAGE CO.
FRUITLAN	D PARK FL 34731			
; ;)	j		City	FL Zip Code
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	gistered office or re	egistered agent, or both, in the State of Florida. I am familiar with, and accep
	ishe of registered agent.	t		
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable (NOTE: F	Registered Agent signature	e required when reinstating) DATE
	A	(1012.1	iogistoros rigorii orginatoro	
	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00			9. Election Campaign Financing \$5.00 May Be
	Payable to Florida Department of	State		Trust Fund Contribution. Added to Fees
10.	OFFICERS AND I		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	D * #	. · □ Delete	TITLE	☐ Change ☐ Additio
NAME	JOHNSON, ÄRTHUR L	· · · · · · · · · · · · · · · · · · ·	NAME	
STREET ADDRESS	36529 ROLLING ACRES RD.		STREET ADDRESS	
CITY-ST-ZIP	FRUITLAND PARK FL 34731		CITY-ST-ZIP	
TITLE		□. Delete	TITLE	Change Addition
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CITY-ST-ZIP			CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filling 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.

SIGNATURI

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

150N 03-

3 3 2 7 2 8 3 6 1 Daytime Phone # CR2E034 (10/0