

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2002 8:00 am**  
**Secretary of State**

03-20-2002 90049 041 \*\*\*150.00

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<b>DOCUMENT #</b>	<b>S19027</b>
<b>1. Entity Name</b>	
<b>CLOUSER AUTOMOTIVE INC.</b>	

<b>Principal Place of Business</b>	<b>Mailing Address</b>
1815 AURORA ROAD MELBOURNE FL 32935 US	1040 HAZLEWOOD DRIVE MELBOURNE FL 32935 US

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



DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b>		<b>59-3043258</b>		<input type="checkbox"/> Applied For
				<input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b>		<input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
CLOUSER, RICHARD J. 1040 HAZELWOOD DRIVE MELBOURNE FL 32935		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.**

SIGNATURE *Richard Clouser* DATE 3-1-02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)</b>	<input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	<b>10. Election Campaign Financing Trust Fund Contribution.</b>	<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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<b>11. OFFICERS AND DIRECTORS</b>		<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE	PDT	TITLE	
NAME	CLOUSER, RICHARD J.	NAME	
STREET ADDRESS	1040 HAZELWOOD DRIVE	STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	CLOUSER, RICK J.	NAME	
STREET ADDRESS	4315 SAND POINT RD	STREET ADDRESS	
CITY-ST-ZIP	GRANT FL	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	CLOUSER, RICHARD J.	NAME	
STREET ADDRESS	1040 HAZELWOOD DRIVE	STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

SIGNATURE: *Richard Clouser* *RICK CLOUSER* 3-1-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)