

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2003 8:00 am**  
**Secretary of State**

02-06-2003 90094 035 \*\*\*150.00

**DOCUMENT # S38635**

1. Entity Name  
**ILLUSIONS CUSTOM AUTO GRAPHICS INC.**



Principal Place of Business  
**16640 BACHMANN AVENUE  
SUITE 9  
HUDSON FL 34667**

Mailing Address  
**P.O. BOX 5996  
HUDSON FL 34674**

**22004166**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**18751 Titus Rd.**  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
**Hudson, FL**  
Zip  
**34667** Country  
**USA**

City & State  
Zip Country

4. FEI Number **59-3626558**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**STYLES, SHANI  
300 HAMPSHIRE DR.  
SPRING HILL FL 34607**

**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.

**PRESIDENT Bobby Styles 1/6/2003**  
(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 **PD** ☐ Delete  
NAME **STYLES, ROBERT E.**  
STREET ADDRESS **268 HAMPSHIRE DR.**  
CITY-ST-ZIP **SPRING HILL FL**

TITLE **STD** ☐ Delete  
NAME **STYLES, SHANIE**  
STREET ADDRESS **268 HAMPSHIRE DR.**  
CITY-ST-ZIP **SPRING HILL FL**

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  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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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: SIGNED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-30-3 888-909-1699**  
Date Daytime Phone #

CR2E034 (10/02)