

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # S57023

**1. Entity Name
C & S AUTOMOTIVE, INC.**



**FILED
Jan 30, 2003 8:00 am
Secretary of State**

01-30-2003 90117 003 ***150.00

**Principal Place of Business
7943 62 WAY N
PINELLAS PARK FL 33781
US**

**Mailing Address
7943 62 WAY N
PINELLAS PARK FL 33781
US**

00014110



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3091681

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITH, CARY M.
13380 86 AVE NO
SEMINOLE FL 33776**

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT ☐ Delete
NAME SMITH, CARY M.
STREET ADDRESS 13380 86 AVE N
CITY-ST-ZIP SEMINOLE FL 33776-2732

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

TITLE VS ☐ Delete
NAME SMITH, JEANNETTE E.
STREET ADDRESS 13380 86 AVE N
CITY-ST-ZIP SEMINOLE FL 33776-2732

☐ Change ☐ Addition
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CITY-ST-ZIP

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☐ 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cary Smith

1-18-03

727-545-8810

Date

Daytime Phone #

CR2E034 (10/02)