2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

S73105 **DOCUMENT #**

1. Entity Name

CROSS AUTO TRIM, INC.



FILED Jan 08, 2003 8:00 am Secretary of State 01-08-2003 90156 005 ***150.00



2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-3076529 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 Name Name Street Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) Brooksville FL 34613 City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fortida. I am familiar with, and accept the obligations of registered gaent. SIGNATURE Suppose a proad reme of registered agent and tile it acceptable NOTE Registered Agent signature recurred within winselfulp) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing S5.00 May Be Address Check Payable to Florida Department of State Date ITLE NAME STRET ADDRESS STRET ADDRE	,			•							
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B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Forlda. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, bond or primare name of registered agent and this it applicates. SIGNATURE Signature, bond or primare name of registered agent and this it applicates. NOTE: Registered Agent agration is requisitered agent, or both, in the State of Forlda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forlda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forlda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forlda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forlda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forlda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forlda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forlda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forlda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forlda. I am familiar with, and accept the obligation of registered agent, or both, in the State of Forlda. I am familiar with, and accept the obligation of registered agent, or both, in the State of Forlda. I am familiar with, and accept the obligation of registered agent, or both, in the State of Forlda. I am familiar with, and accept the obligation of registered agent, or both, in the State of Forlda. I am familiar with, and accept the state of registered agent. ITLE Delete	BROOKSV	ILLE FL 34613			i						
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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. CH# 4010

SIGNATURE:

Daytime Phone #