

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90472 013 ***150.00

DOCUMENT # S87510

1. Entity Name
AUTOMOTIVE CUSTOM WORKS, INC.



Principal Place of Business
1816 N PARSONS AVE- REAR
SEFFNER FL 33584

Mailing Address
1816 N PARSONS AVE- REAR
SEFFNER FL 33584

11003088



2. Principal Place of Business
1816 S Parsons AVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
SEFFNER FL

City & State

4. FEI Number 59-3090364

Applied For
Not Applicable

Zip 33584 **Country** FL

Zip **Country**

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CORTEZ, PABLO, JR.
2505 PADRE PL
SEFFNER FL 33584

7. Name and Address of New Registered Agent

Name Pablo Cortez - Maria D Cortez
Street Address (P.O. Box Number is Not Acceptable) 2505 Padre PL
City Seffner FL **FL** **Zip Code** 33584

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]* **Signature, typed or printed name of registered agent and title if applicable.** **DATE**

(NOTE: Registered Agent signature required when reinstating)

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**
Trust Fund Contribution. ☐

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	CORTEZ, PABLO, JR.	
STREET ADDRESS	2505 PADRE PL	
CITY-ST-ZIP	SEFFNER FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	CORTEZ, MARIA D.	
STREET ADDRESS	2505 PADRE PL	
CITY-ST-ZIP	SEFFNER FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

[Signature] **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

4-16-03

Date

813-6840100

Daytime Phone #

0698603 FP

CR2E034 (10/02)