

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90196 049 ***150.00

835402

DO NOT WRITE IN THIS SPACE

DOCUMENT# V09973 ✓

1. Entity Name
 Custom Trucks & CARS, INC.

Principal Place of Business **Mailing Address**
 P.O. Box 19128 P.O. Box 19128
 WPB FL 33416 WPB FL 33416

2. Principal Place of Business **3. Mailing Address**
 P.O. Box 19128 P.O. Box 19128
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
 West Palm Beach FL West Palm Beach FL

Zip **Country** **Zip** **Country**
 33416 USA 33416 USA

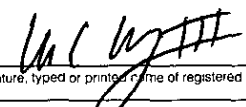
4. FEI Number **Applied For**
 65-0307956 ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
 Bruce I Kravitz
 11440 Okeechobee Blvd. Ste. 219
 Royal Palm Beach, FL 33411

7. Name and Address of New Registered Agent
 Name: Erskine Rogers III Atty.
 Street Address (P.O. Box Number is Not Acceptable):
 1803 Australian Ave. South Ste. A
 City: West Palm Beach FL Zip Code: 33409

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  **DATE** 4/10/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

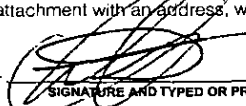
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President DONALD MESSINA JR. P.O. Box 19128 WPB FL 33416	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **DONALD MESSINA JR President** **DATE** 4/10/00 **Daytime Phone #** 561-346-8339

CR2E034 (9/99)