

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 23, 2002 8:00 am**  
**Secretary of State**

07-23-2002 90332 021 \*\*\*\*61.25

**DOCUMENT # 703091**

1. Entity Name

~~ST.-VINCENT-DEPAUL-SALVAGE STORE OF WEST PALM BEACH, INC.~~

Principal Place of Business

Mailing Address

~~2500 N. DIXIE  
 WEST PALM BEACH FL 33407~~

~~2500 N. DIXIE  
 WEST PALM BEACH FL 33407~~

80131279

2647 Old Dixie  
 Riviera Beach FL 33404-4119

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1058446

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHENK, LAVERNE  
 4863 ELMHURST RD  
 WEST PALM BEACH FL 33417

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

After September 13, 2002,  
 min. will be \$236.25.

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Delete
NAME	SOUZA, DORIS	
STREET ADDRESS	2308 HOLLY LANE	
CITY-ST-ZIP	PALM BCH GDNS FL 33410	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHENK, LAVERNE	
STREET ADDRESS	4863 ELMHURST RD.	
CITY-ST-ZIP	WPB FL 33417	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FERNANDEZ, R	
STREET ADDRESS	14236 ASTER AVE	
CITY-ST-ZIP	WELLINGTON LF 33414	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WATSON, JAMES	
STREET ADDRESS	129 HAMMOCKS CT	
CITY-ST-ZIP	GREENACRES FL 33413	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
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 617, 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: *Laverne Schenk*

7-16-2002

CR2E037 (4/02)