

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90043 033 ***158.75

DOCUMENT # 234898

1. Entity Name

GENERAL GMC TRUCK SALES AND SERVICE, INC.

Principal Place of Business

Mailing Address

**360 SOUTH MILITARY TRAIL
WEST PALM BEACH FL 33415-2895
US****360 SOUTH MILITARY TRAIL
WEST PALM BEACH FL 33415-2895
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0904476

Applied For

Not Applicable

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

**DESANTI, MADELINE
412 MUIRFIELD DR
ATLANTIS FL 33462**

Name

LEONARD DESANTI

Street Address (P.O. Box Number is Not Acceptable)

14022 GREENTREE TRACE

City

WELLINGTON

FL

Zip Code

33414

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

Madeline DeSanti

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/8/029. 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, 2002 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	<input type="checkbox"/> Delete
PT	DESANTI, M	412 MUIRFIELD DR	ATLANTIS FL	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

VS	DESANTI, LEONARD	14022 GREENTREE TRACE	WELLINGTON FL 33414	<input type="checkbox"/> Delete
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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:

Madeline DeSanti

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/8/02

CR2E034 (9/01)