## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # 855066**

1. Entity Name

PRICE'S INCORPORATED OF PALM BEACH COUNTY



FILED Mar 05, 2003 8:00 am Secretary of State

03-05-2003 90074 045 \*\*\*150.00

|   |   |                      |  | \                 |                         |  |  |   |                                  |               |  |
|---|---|----------------------|--|-------------------|-------------------------|--|--|---|----------------------------------|---------------|--|
| Principal Place of Business PRICE'S CUSTOM AUTO TRIM 325 N. FEDERAL HWY DELRAY BEACH FL 33483 |   | 325 N                | Mailing Address<br>325 NORTH FEDERAL HIGHWAY<br>DELRAY BEACH FL 33483-5516 |                   |                         |  | h pangan kanak angan arah barka akka akka aka  | BURU ÁRAN ANAN                              | <b>914</b> 14 <b>8</b> 1814 (884 |               |  |
| US  |   |                      |  |                   |                         |  |  |   |                                  |               |  |
| 2. Principal Place of Business  |   | 3. Mail              | 3. Mailing Address   |                   |                         |  | t somen talki astat attit oktin kilin atti alali:  | 91 <b>4</b> 13 B/B/1 <b>4</b> 1 <b>Ç</b> 13 | TIEN TAN 1881                    |               |  |
| Suite, Apt. #, etc.   |   | Suite                | Suite, Apt. #, etc.  |                   |                         |  | CHECK HERE IF MAKING CHANGES   |   |                                  |               |  |
| City & Sta  | ate   | City                 | City & State   |                   |                         | 4. F   | 4. FEI Number 59-2238977 Applied For Not Applica   |   |                                  | 3             |  |
| Zip Country   |   | Zip                  |  | Country           | •                       | 5. Certificate of Status Desired S8.75 Addition Fee Required |  |   |                                  | 7             |  |
|   | 6. Name and Address of Curren                       | t Registere          | tegistered Agent   |                   |                         | 7. Name and Address of New Registered Agent                  |  |   |                                  |               |  |
|   |   |                      |  |                   | Name =-                 |  | entra de la companya |   | -                                | 7             |  |
| PRICE, RUBY M.  |   |                      | Street Address   |                   |                         | (P.O. Box Number is Not Acceptable)                          |  |   |                                  | 4             |  |
| 325 N. FE   | EDERAL HWY.   |                      | Street Addres  |                   |                         | F.O. BI  | ox Number is Not Acceptable)   |   |                                  |               |  |
| DELRAY E  | BEACH FL 33483                                      |                      |  |                   |                         |  |  |   |                                  | 1             |  |
|   |   |                      |  | -                 | City                    | <del></del>  | F  | Zip Co                                      | de                               | ╣             |  |
| 8. The above  | e named entity submits this statement               | or the purpo         | ose of changing its re   | egistered         | office or registere     | ed age   | ent, or both, in the State of Florida. I am  | _   | , and accept                     | $\frac{1}{2}$ |  |
| the obliga  | tions of registered agent.                          |                      |  |                   |                         |  |  |   |                                  |               |  |
| SIGNATURE   |   |                      |  |                   |                         |  |  |   |                                  |               |  |
|   | Signature, typed or printed name of registered ager | t and title if appli | icable. (NOTE:   | Registered Ag     | gent signature required | when rei   | instating) DATE  |   | <del></del> -                    |               |  |
| F   | FILE NOW!!! FEE IS \$150.00                         |                      |  |                   |                         |  | <b>9</b> 51  |   |                                  | 1             |  |
| After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of            |   | of State             | ate  |                   |                         |  | Election Campaign Financing     Trust Fund Contribution.   | <b>\$5.</b> €<br>□ Adde                     | 00 May Be<br>d to Fees           | ļ             |  |
| 10.   | OFFICERS AND  | DIRECTOR             | TORS   |                   |                         | ADI  | L<br>DITIONS/CHANGES TO OFFICERS AN  | D DIRECTOR                                  | RS IN 11                         | $\dashv$      |  |
| TITLE   | VP  |                      | ☐ Delete   | TITLE             |                         |  |  | ☐ Change                                    | Addition                         | 1 8           |  |
| NAME  | HILLMAN, CHARLES D.                                 |                      |  | NAME              |                         |  |  | _ •   |                                  | Ì             |  |
| STREET ADDRESS  |   |                      | . *  |                   | STREET ADDRESS          |  |  |   |                                  | }             |  |
| CITY-ST-ZIP   | BOYNTON BEACH FL                                    |                      | CITY   |                   | - ZIP                   |  | 7.5  |   |                                  | Ì             |  |
| TITLE   | PD  |                      | ☐ Delete   | TITLE             |                         |  |  | Change                                      | ☐ Addition                       | ؤ[            |  |
| NAME  | PRICE, RUBY M.                                      |                      |  | NAME              |                         |  |  |   |                                  | `             |  |
| STREET ADDRESS 540 SE 27TH WAY CITY-ST-ZIP BOYNTON BEACH FL                                   |   |                      |  |                   | DDRESS                  |  |  |   |                                  |               |  |
|   | BOTHTON BEACH PL                                    |                      |  | CITY-ST-          | -ZIP                    |  |  |   |                                  | -             |  |
| TITLE<br>NAME   |   |                      | ☐ Delete   | TITLE             | -4.                     |  | والمريب الرواء مسيدات المحارضية  | ☐ Change                                    | Addition                         | 1             |  |
| STREET ADDRESS  |   |                      |  | NAME<br>Street a  | DDBESS                  |  |  |   |                                  |               |  |
| CITY-ST-ZIP   |   |                      |  | CITY-ST-          |                         |  |  |   |                                  |               |  |
| TITLE   |   |                      | □ Delete   | TITLE             |                         |  |  | Change                                      | Addition                         | 1             |  |
| NAME  |   |                      |  | NAME              |                         |  |  | ondargo                                     | L_1 / ddatton                    |               |  |
| STREET ADDRESS  |   |                      |  | STREET A          | DDRESS                  |  |  |   |                                  | -             |  |
| CITY-ST-ZIP   | <u>.</u> .  |                      |  | CITY-ST-          | ZIP                     |  |  |   |                                  |               |  |
| TITLE   |   |                      | Delete   | TITLE             |                         |  |  | ☐ Change                                    | Addition                         | 1             |  |
| NAME  |   |                      |  | NAME              | 1                       |  |  |   |                                  |               |  |
| STREET ADDRESS<br>CITY-ST-ZIP   |   |                      |  | STREET AL         |                         |  |  |   |                                  | }             |  |
|   |   |                      | <del></del>  | CITY-ST-          | ZIF                     |  |  |   |                                  | 1             |  |
| TITLE<br>NAME   |   |                      | ☐ Delete   | TITLE             | 1                       |  | •  | ☐ Change                                    | ☐ Addition                       |               |  |
| STREET ADDRESS  |   |                      |  | NAME<br>STREET AC | ODRESS.                 |  |  |   |                                  |               |  |
| CITY-ST-ZIP   |   |                      |  | CITY-ST-          |                         |  |  |   |                                  |               |  |
|   | <u> </u>  |                      |  | J, 51             |                         |  |  |   |                                  | 1             |  |

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 the corporation of the corporation of

**SIGNATURE:** 

BONATUME AND DIRECTOR DIRECTOR

PRESIDENT

561 278 8434

Daytime Phone #