

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90196 009 \*\*\*150.00

DOCUMENT # F03000001956

1. Entity Name  
ENTERPRISE VEHICLE EXCHANGE, INC.



Principal Place of Business  
C/O APEX  
2036 WASHINGTON STREET  
HANOVER, MA 02339

Mailing Address  
C/O APEX  
2036 WASHINGTON STREET  
HANOVER, MA 02339

24068322



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02112004

Chg-P

CR2E034 (10/03)

4. FEI Number

56-2325629

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSD ☐ Delete  
NAME RIVERA, EDWIN  
STREET ADDRESS 2036 WASHINGTON STREET  
CITY-ST-ZIP HANOVER, MA 02339

TITLE VD ☐ Delete  
NAME SHUSTER, DAWN  
STREET ADDRESS 2036 WASHINGTON STREET  
CITY-ST-ZIP HANOVER, MA 02339

TITLE V ☒ Delete  
NAME ALLEN, BRENTON J  
STREET ADDRESS 2036 WASHINGTON STREET  
CITY-ST-ZIP HANOVER, MA 02339

TITLE V ☒ Delete  
NAME SCARABINO, NICHOLAS A  
STREET ADDRESS 4 NEW YORK PLAZA  
CITY-ST-ZIP NEW YORK, NY 10004

TITLE V ☐ Delete  
NAME GALLIVAN, KATHLEEN D  
STREET ADDRESS 2036 WASHINGTON STREET  
CITY-ST-ZIP HANOVER, MA 02339

TITLE V ☒ Delete  
NAME METH, JODY  
STREET ADDRESS 4 NEW YORK PLAZA  
CITY-ST-ZIP NEW YORK, NY 10004

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Treasurer ☐ Change ☒ Addition  
NAME Kristen M. Santos  
STREET ADDRESS 2036 Washington St.  
CITY-ST-ZIP Hanover, MA 02339

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Kristen M. Santos*  
Kristen M. Santos, Treasurer

2/11/04

781-891-6800

SIGNATURE AND TITLE OF REGISTERED AGENT OR FORMER OFFICER OR DIRECTOR

Date

Daytime Phone #