

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # F21896

1. Entity Name
LAKE PARK AUTO BROKERS, INC.



Principal Place of Business
9393 ALTERNATE A1A
LAKE PARK, FL 33403

Mailing Address
9393 ALTERNATE A1A
LAKE PARK, FL 33403



02112004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2047071

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BAUER, HOWARD A
9393 ALTERNATE A1A
LAKE PARK, FL 33403

**DO NOT WRITE
IN THIS SPACE**

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 completed)

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

U00000077837
03/08/04-80003-002 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
SDT
BAUER, MARGARET R
9393 HWY A1A
LAKE PARK, FLORIDA 00000

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
D
BAUER, HOWARD A
9393 HWY A1A
LAKE PARK, FLORIDA 00000

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

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CITY ST ZIP

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TITLE
NAME
STREET ADDRESS
CITY ST ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARGARET R. BAUER
MARGARET R. BAUER

3-1-04 561 848-2315