

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # H32332

1. Entity Name
REGAL BODY & PAINT AUTOCENTER, INC.



Principal Place of Business
500-D ROYAL PLAZA ROAD
ROYAL PALM BEACH, FL 33411

Mailing Address
500-D ROYAL PLAZA ROAD
ROYAL PALM BEACH, FL 33411



01212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2468528

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FUCHS, LAWRENCE M.
590 ROYAL PALM BEACH BLVD
ROYAL PALM BEACH, FL 33411

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11000000245879
02/28/05-80042-012 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DASILVA, LUIS PAULO M.
STREET ADDRESS 500 ROYAL PLAZA RD.
CITY-ST-ZIP ROYAL PALM BEACH, FL

TITLE VS
NAME DASILVA, MARIA-TERESA P.
STREET ADDRESS 500 ROYAL PLAZA RD.
CITY-ST-ZIP ROYAL PALM BEACH, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(f), 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

Maria-Teresa da Silva

2/25/05

361-798-4014

Date

Daytime Phone #