

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

04-03-2002 90037 033 \*\*\*150.00

**DOCUMENT # J90263**

1. Entity Name

AUTO BUILDERS SOUTH FLORIDA, INC.

**AUTOBUILDERS SOUTH FLORIDA INC.**

Principal Place of Business

Mailing Address

10276 RIVERSIDE DR

10276 RIVERSIDE DR

PALM BEACH GARDENS FL 33410

PALM BEACH GARDENS FL 33410

US

US

2. Principal Place of Business

**5715 Corporate Way**

3. Mailing Address

**5715 Corporate Way**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**West Palm Beach, FL**

City & State

**West Palm Beach**

Zip

**33407**

Country

**USA**

Zip

**33407**

Country

**USA**

4. FEI Number

**59-2841086**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**RAWE, ROBERT W II**

**10276 RIVERSIDE DRIVE**

**PALM BEACH GARDENS FL 33410**

7. Name and Address of New Registered Agent

**Robert W. Rawe II**

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

**5715 Corporate Way**

**West Palm Beach FL**

**33407**

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

*[Signature]*

**3/12/02**

Signature of individual or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. 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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>RAWE, ROBERT W II</b>	
STREET ADDRESS	<b>13195 ROLLING GREEN ROAD</b>	
CITY-ST-ZIP	<b>NORTH PALM BEACH FL 33408</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>RAWE, ROBERT W II</b>	
STREET ADDRESS	<b>13195 ROLLING GREEN ROAD</b>	
CITY-ST-ZIP	<b>NORTH PALM BEACH FL 33408</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>WOLFE, JAN A JR</b>	
STREET ADDRESS	<b>9038 GARDENS GLEN</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33418</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 or without like empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/25/01**

Date

Daytime Phone #

**561 622 3575**

CR2E034 (9/01)