


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91065 008 ***150.00

DOCUMENT # <u>J 99 705</u>	
1. Entity Name <u>CITY AUTO REPO SALES, INC</u>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>480 N STATE RD # 7</u>		3. Mailing Address <u>P.O. BOX 6866</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>PLANTATION FL</u>		City & State <u>DELRAY BCH FL</u>	
Zip <u>33317</u>	Country <u>USA</u>	Zip <u>33482</u>	Country <u>USA</u>

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>65-0012428</u>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent		
Name <u>RICHARD C. MURPHY</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>7679 EAGLE PT DR</u>		
City <u>DeLRAY BCH</u>	FL	Zip Code <u>33446</u>

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 RICHARD C. MURPHY / PRES. Richard C. Murphy 4-17-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-issuing) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PD</u> <u>RICHARD C. MURPHY</u> <u>7679 EAGLE PT DR</u> <u>DeLRAY BCH FL 33446</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>STD</u> <u>RITA MURPHY</u> <u>7679 EAGLE PT DR</u> <u>DeLRAY BCH FL 33446</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>V/P</u> <u>CHRISTINE O'NEILL</u> <u>7680 EAGLE PT DR</u> <u>DeLRAY BCH FL 33446</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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 on an attachment with an address, with all other like empowered.

SIGNATURE: Richard C. Murphy RICHARD C. MURPHY 954-584-2277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)