

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K90536

1. Entity Name

JUPITER DODGE INC.

Principal Place of Business

Mailing Address

1555 W INDIANTOWN RD  
PO BOX 1995  
JUPITER FL 33468

1555 W INDIANTOWN RD  
PO BOX 1995  
JUPITER FL 33468-1995

2. Principal Place of Business

3. Mailing Address

408 Commerce Way

408 Commerce Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit 6

Unit 6

City & State

City & State

Jupiter FL

Jupiter FL

Zip

Country

Zip

Country

33458

Palm Bch

33458

Palm Bch

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANTOS, ANTONIO S  
1555 W. INDIANTOWN RD  
JUPITER FL 33458

Name

Bruce WENZEL

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

408 Commerce Way # 6

City

Jupiter

FL

Zip Code

33458

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

*Bruce Wenzel*

Bruce WENZEL

01-27-00

Signature, typed or printed name of registered agent and title 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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
WISCHE, SANDE  
865 JOHNSTON DR  
WATCHUNG NJ 07060 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
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☐ Delete

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

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 all other like empowered.

SIGNATURE:

*Bruce Wenzel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-27-00 561-745-67

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90069 022 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0125871

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**