

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L32878

1. Entity Name

AUTO PAINTING ADMINISTRATION, INC.

Principal Place of Business

Mailing Address

405 N. MILITARY TRAIL
WEST PALM BEACH FL 33415
US

405 N. MILITARY TRAIL
WEST PALM BEACH FL 33415-2121
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0161522

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AKSOMITAS, W. WARD
6685 FOREST HILL BLVD
STE 206
WEST PALM BCH FL 33413

Name LAWRENCE M. FUCHS, ESQ.

Street Address (P.O. Box Number is Not Acceptable)
590 ROYAL PALM BEACH BLVD.

City ROYAL PALM BEACH

FL

Zip Code 33411

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 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 PD
NAME MORRIS, CAROLYN
STREET ADDRESS 405 N. MILITARY TRAIL
CITY-ST-ZIP WEST PALM BEACH FL ☐ Delete

TITLE DV
NAME WATSON, BRUCE
STREET ADDRESS 405 N. MILITARY TRAIL
CITY-ST-ZIP WEST PALM BEACH FL ☐ Delete

TITLE DV
NAME WATSON, DAVID
STREET ADDRESS 405 N. MILITARY TRAIL
CITY-ST-ZIP WEST PALM BEACH FL ☐ Delete

TITLE AST
NAME ROONEY, GARY W
STREET ADDRESS 405 NO MILITARY TRAIL
CITY-ST-ZIP WEST PALM BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

GARY W ROONEY 2/2/2000 561-686-2500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90037 015 ***150.00



DO NOT WRITE IN THIS SPACE