

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90136 010 \*\*\*150.00

**DOCUMENT # P00000021936**

1. Entity Name

**PRO-CARE AUTOMOTIVE, INC.**

Principal Place of Business

Mailing Address

**10008 N.W. 3RD PLACE  
 CORAL SPRINGS FL 33071**

**10008 N.W. 3RD PLACE  
 CORAL SPRINGS FL 33071**

2. Principal Place of Business

**2820 OKEECHOBEE BLVD.**

3. Mailing Address

**2820 OKEECHOBEE BLVD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**WEST PALM BEACH FL.**

City & State

**WEST PALM BEACH FL**

Zip

**33409**

Country

**PALM BEACH**

Zip

**33409**

Country

**P. BEACH**

4. FEI Number

**60-1003015**

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

**FILINGS, INC.**

**3732 N.W. 16TH STREET**

**FT. LAUDERDALE FL 33311-4132**

Name

**RALPH PRESUTTI**

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

**2820 OKEECHOBEE BLVD.**

City

**W. PALM BEACH**

FL

Zip Code

**33409**

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]* **PRESUTTI**

**4-24-01**

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, 2001 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PRESUTTI, RALPH</b>	
STREET ADDRESS	<b>10008 N.W. 3RD PLACE</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33071</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 all other like empowered.

SIGNATURE:

*[Signature]* **PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-24-01**

Date

**561-478-1144**

Daytime Phone #

CR2E034 (10/00)