

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 18, 2002 8:00 am**  
**Secretary of State**

09-18-2002 90053 007 \*\*\*150.00

**DOCUMENT # P00000035373**

1. Entity Name  
**F & J AUTO, INC.**

Principal Place of Business  
**4248 W. ROADS DR.  
W. PALM BEACH FL 33407**

Mailing Address  
**4248 W. ROADS DR.  
D-6  
W. PALM BEACH FL 33407**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0998851**

Applied For  
Not Applicable

Zip Country

Zip Country

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

**DEVITA, JOSEPH  
4248 WEST ROADS DR D-6  
WEST PALM BEACH-FL 33407**

Name

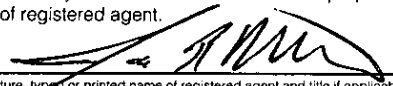
Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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   
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**9/13/02**  
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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 ☐ Delete  
NAME **D**  
STREET ADDRESS **DEVITA, JOSEPH R**  
CITY-ST-ZIP **4248 WEST ROADS DR D-6**  
**WEST PALM BEACH FL 33407**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/13/02**

**(561) 840-1540**

CR2E034 (4/02)

Attachment

9/13/02

872794

To whom it may concern,

\*700000035373

The only Business Report that I received  
was this notice with a \$400 late fee added.  
Needless to say I've been waiting to mail it because  
of amount of ~~the~~ fee. I finally called the  
number on the report to discuss the report, the  
~~person told me to send the original \$150 fee~~  
with the report with a letter stating what happened.  
If there is any other questions he said I would  
be notified by mail. My daytime # is (561) 840-1540  
If there is any questions please call.

Sincerely,

Joseph DeVita President.

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