

**FILED**  
**Sep 23, 2002 8:00 am**  
**Secretary of State**

09-10-2002 90228 045 \*\*\*150.00

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

DOCUMENT # **P00000036688**

1. Entity Name

WHEELS OF BOCA INC.

42831

**DO NOT WRITE IN THIS SPACE**2. Principal Place of Business  
171 NW 4TH STREET

Suite, Apt. #, etc.

3. Mailing Address  
487 NW 8TH STREET

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
BOCA RATONCity & State  
BOCA RATON, FL.4. FEI Number  
65-0996074Applied For  
Not ApplicableZip  
33432

Country

Zip  
33432

Country

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name MARK FERRY

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

487 NW 8TH STREET

City BOCA RATON

FL

Zip Code  
33432

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 reissuing)

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$81.25  
Make Check Payable to Department of State10. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MARK FERRY DIRECTOR 487 NW 8TH STREET BOCA RATON, FL 33432	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	CATHERINE SKILLAS SECRETARY 171 NW 4TH STREET BOCA RATON, FL. 33432	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK S. FERRY

Date

9/18/02

Daytime Phone #

561-756-0346

CR2E034B (12/01)

*Wachner*

*42831*

*#P00000036688*

August 27, 2002

To Whom It May Concern:

Please help me with this problem. I never received by uniform business report so I called Tallahassee and they told me I could get it off the internet. I have enclosed the \$150.00 fee as instructed when I called so please accept my fee as timely.

Thank You

Mark Perry



Attachment  
42831

FLORIDA DEPARTMENT OF STATE

**Jim Smith**  
Secretary of State

September 13, 2002

**WHEELS OF BOCA, INCORPORATED**  
487 NW 8TH ST.  
BOCA RATON, FL 33432

Subject: **WHEELS OF BOCA, INCORPORATED**

Reference Number: **P00000036688**

ANNUAL REPORTS SECTION