

DOCUMENT # P00000045367

1. Entity Name

P & M MOTOR REPAIR, INC.

1/10/01-

FILED
Feb 06, 2001 8:00 am
Secretary of State

01-10-2001 90075 040 ***150.00

| Principal Place of Business | Mailing Address |
|--|--|
| 3945 DAVIS ROAD LAKE WORTH FL 33461 | 3945 DAVIS ROAD LAKE WORTH FL 33461 |

| 2. Principal Place of Business | | 3. Mailing Address | |
|--------------------------------|---------|---------------------|---------|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| | | | |



DO NOT WRITE IN THIS SPACE

| | |
|------------------------------|-------------------------------|
| 4. FEI Number 65 102 4865 | Applied For Not Applicable |
|------------------------------|-------------------------------|

| | |
|---|-----------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|-----------------------------------|

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARINO, PAMELA M
3945 DAVIS ROAD
LAKE WORTH FL 33461

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.

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 | <input type="checkbox"/> Delete |
|-------|--------------------|--------------------|------------------------|---------------------------------|
| | D MARINO, PAMELA M | 8777 WENDY LANE S. | W. PALM BEACH FL 33411 | |
| | D MARINO, MARK | 8777 WENDY LANE S. | W. PALM BEACH FL 33411 | |
| | D MARINO, MARK D | 8777 WENDY LANE S. | W. PALM BEACH FL 33411 | |
| | | | | |
| | | | | |
| | | | | |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---|
| | | | | |
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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)(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:

Pamela M. Marino Pamela M Marino 1-3-01 561-963-6226

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)