

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000087326

1. Entity Name  
DORSAN'S AUTO SALES, INC.



Principal Place of Business  
2621 1/2 SOUTH STREET  
WEST PALM BEACH FL 33407

Mailing Address  
5690 ROYAL PALM BEACH BLVD  
ROYAL PALM BEACH FL 33411

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FAIRCLOUGH, MICHAEL J  
11380 PROSPERITY FARMS RD., #112  
PALM BEACH GARDENS FL 33410

Name CAMILLE DORSAN  
Street Address (P.O. Box Number is Not Acceptable)  
5690 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Camille Dorsan DATE 2-11-04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS DORSAN, CAMILLE  
CITY-ST-ZIP 5690 ROYAL PALM BEACH BLVD.  
ROYAL PALM BEACH FL 33411

TITLE ☐ Change ☐ Addition  
NAME 000029322830  
STREET ADDRESS 02/24/04--01061--007 \*\*750.00  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME 000029322830  
STREET ADDRESS 02/24/04--01061--008 \*\*150.00  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 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

1-24-04

Date

Daytime Phone #

0081445 AV

CR2E034 (4/03)

0081445