

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 15, 2003 8:00 am
Secretary of State

08-15-2003 90086 005 ***150.00

0080146 AV

DOCUMENT # P01000041750

1. Entity Name

SHOWROOM AUTO SALES & SERVICE OF THE PALM BEACHES, INC.



Principal Place of Business
837 29TH STREET
WEST PALM BEACH FL 33407

Mailing Address
837 29TH STREET
WEST PALM BEACH FL 33407

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **86-3892288**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

WELLS, ERNEST C
837 29TH STREET
WEST PALM BEACH FL 33407

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	P	<input type="checkbox"/> Delete
NAME	WELLS, ERNEST C	
STREET ADDRESS	837 27TH STREET	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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

8-10-03 (511) 252-5935
Date Daytime Phone #

CR2E034 (4/03)

Attachment
80138971
P01000041750

SHOWROOM AUTO SALES & SERVICE OF THE PALM BEACHES
837 29TH Street
West Palm Beach, FL 33407

To: FLORIDA DEPARTMENT OF STATE

From: SHOWROOM AUTO SALES & SERVICE OF THE PALM BEACHES

I'm Ernest C. Wells president of this corporation. I'm notifying you that I did not receive prior notice regarding The Uniform Business Report. This is the reason why you did not receive this payment. Please except the original payment of \$150.00. I don't know what happen to the previous notification business report. Please consider excepting the enclosed amount. I also would like to have more information on dates and payment.

Thank you



Ernest C. Wells