

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90066 004 ***150.00

DOCUMENT # P01000056898

1. Entity Name
PANACHE AUTOMOTIVE, INC.



Principal Place of Business

~~6000 SO TAMiami TRAIL~~
~~SARASOTA FL 34231~~

NEW Address

Mailing Address

~~6000 SO TAMiami TRAIL~~
~~SARASOTA FL 34231~~

NEW Address

2. Principal Place of Business

5101 S. TAMiami TRAIL

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA, FL

City & State

4. FEI Number

65-1110533

Applied For

Not Applicable

Zip

34231

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

KOACH, KRAIG H ESQ.
1530 CROSS ST.
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name **CHRISTOPHER R. WIKOFF**

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

542 OLD ALBEE FARM RD.

City **NOKOMIS**

FL

Zip Code **34275**

8. The above named entity submits this statement for the purpose of changing its registered office, registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **CHRISTOPHER R. WIKOFF** **KRAIG H KOACH ESQ 1/2/03**

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

TITLE **D** ☐ Delete
NAME **WIKOFF, TRACY L**
STREET ADDRESS **542 OLD ALBEE FARM**
CITY-ST-ZIP **NOKOMIS FL 34275**

TITLE **D** ☒ Delete
NAME **BOUCHER, SCOTT D**
STREET ADDRESS **542 OLD ALBEE FARM**
CITY-ST-ZIP **NOKOMIS FL 34275**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☒ Addition
NAME **WIKOFF, CHRISTOPHER R.**
STREET ADDRESS **542 OLD ALBEE FARM RD.**
CITY-ST-ZIP **NOKOMIS, FL 34275**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: **Tracy Wikoff** **Chris Wikoff 1/1/03 941 922 1646**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)