

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90042 046 ***150.00

0110612 AV

DOCUMENT # P01000061642

1. Entity Name

PALM BAY AUTO SERVICE, INC.

Principal Place of Business

1719 CANOVA ST SE
PALM BAY FL 32909

Mailing Address

1719 CANOVA ST SE
PALM BAY FL 32909

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2815 So. Harbor City Blvd

3. Mailing Address

Suite, Apt. #, etc.

Garage

City & State

Melbourne, FL

City & State

#

Zip

32901

Country

Brevard

Country

4. FEI Number

59-3730040

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

REYES, ROBERTO SR

1719 CANOVA ST SE

PALM BAY FL 32909

2815 So Harbor City Blvd
melbourne, FL
32901

7. Name and Address of New Registered Agent

Name

Roberto Reyes, Sr.

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

1255 Zander Ave SE

City

Palm Bay

FL

Zip Code

32909

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
 NAME Roberto Reyes, Sr
 STREET ADDRESS 1255 Zander Ave SE
 CITY-ST-ZIP Palm Bay, FL 32909

TITLE VP ☐ Delete
 NAME Luis H. Morales
 STREET ADDRESS 1255 Zander Ave SE
 CITY-ST-ZIP Palm Bay, FL 32909

TITLE T ☐ Delete
 NAME Robbin P. Reyes
 STREET ADDRESS 1255 Zander Ave SE
 CITY-ST-ZIP Palm Bay, FL 32909

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: Roberto Reyes, Sr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)