

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90493 007 ***150.00

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DOCUMENT # P01000096867

1. Entity Name
TOTAL AUTO CONCEPTS, INC.



Principal Place of Business
**2629B WESTON RD
WESTON FL 33331**

Mailing Address
**2675 NW 49TH LANE
BOCA RATON FL 33431**



2. Principal Place of Business

3. Mailing Address

2629B WESTON RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
WESTON FL

4. FEI Number **65-1148816**

Applied For
Not Applicable

Zip

Country

Zip

Country

33331

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BISSONNATIE, ROBERT
600 E BROWARD BLVD
FORT LAUDERDALE FL 33301**

Name

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

2550 NE 15TH AVE

City

FL

Zip Code

33305

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D BONFIGLIO, JEANETTE**
STREET ADDRESS **2375 NW 49TH LANE**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2629B WESTON RD**
CITY-ST-ZIP **WESTON FL 33331**

TITLE ☐ Delete
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)