

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 27, 2002 8:00 am
Secretary of State

08-27-2002 90119 011 ***550.00

DOCUMENT # P01000113518

1. Entity Name
PALM BEACH AUTO PARTNERS INC.

Principal Place of Business

3520 S. MILITARY TRAIL
 LAKE WORTH FL 33463

Mailing Address

7949 FAIRWAY LANE
 WEST PALM BEACH FL 33412

2. Principal Place of Business

3. Mailing Address

3520 S MILITARY TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LAKE WORTH FL

4. FEI Number

65-1156609

Applied For

Not Applicable

Zip

Country

Zip

33463

Country

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

SIMPSON, STEPHEN R
 7949 FAIRWAY LANE
 WEST PALM BEACH FL 33412

Name

STEPHEN R SIMPSON

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

3520 S MILITARY TRAIL

City

LAKE WORTH

FL

Zip Code

33463

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME P
 STREET ADDRESS SIMPSON, STEPHEN R
 CITY-ST-ZIP 7949 FAIRWAY LANE
 WEST PALM BEACH FL 33412

TITLE ☒ Change ☐ Addition
 NAME STEPHEN R SIMPSON
 STREET ADDRESS 2201 S OLIVE
 CITY-ST-ZIP WPB, FL 33401

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561 434 3536

CR2E034 (4/02)