

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90108 018 \*\*\*150.00

UNIFORM  
 11

**DOCUMENT # P01000116695**

1. Entity Name  
**PRIME AUTO PARTNERS, INC.**

Principal Place of Business      Mailing Address  
**4400 PGA BOULEVARD**      **4400 PGA BOULEVARD**  
**SUITE 102**      **SUITE 102**  
**PALM BEACH GARDENS FL 33410**      **PALM BEACH GARDENS FL 33410**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

4. FEL Number: **01-0553995**      Applied For:  Not Applicable

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

6. Name and Address of Current Registered Agent  
**SILVERMAN, THOMAS N ESQ.**  
**4400 PGA BOULEVARD**  
**SUITE 102**  
**PALM BEACH GARDENS FL 33410**

7. Name and Address of New Registered Agent  
 Name: **THOMAS D. MERCURIO**  
 Street Address (P.O. Box Number is Not Acceptable): **2008 OKEECHOBEE BLVD.**  
 City: **W. PALM BEACH**      FL      Zip Code: **33409**

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]* **THOMAS D. MERCURIO**      DATE: **02/06/02**

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.

**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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>MERCURIO, THOMAS D</b> <b>P.O. BOX 16127</b> <b>WEST PALM BEACH FL 33416</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>MERCURIO, PETER T</b> <b>P.O. BOX 16127</b> <b>WEST PALM BEACH FL 33416</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* **THOMAS D. MERCURIO**      Date: **02/06/02**      Daytime Phone #: **561-686-8670**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)