

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P01000119655**

1. Entity Name

3 BOYS AUTOMOTIVE INC.

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90054 034 ***150.00

Principal Place of Business

11351 SW 9 CT
DAVIE FL 33325

Mailing Address

11351 SW 9 CT
DAVIE FL 33325

2. Principal Place of Business

4701 S.W. 45 Street

Suite, Apt. #, etc.

3. Mailing Address

4701 S.W. 45 Street

Suite, Apt. #, etc.

City & State

Davie FL.

City & State

Davie, FL.

Zip

33314

Country

Broward

Zip

33314

Country

Broward

4. FEI Number

65-1160069

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KILBURY, SCOTT
11351 SW 9 CT
DAVIE FL 33325**

Name **Same**

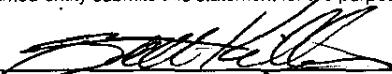
Street Address (P.O. Box Number is Not Acceptable)

4701 S.W. 45 Street

City **Davie**

FL **33314**

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)

4-8-02

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	<input type="checkbox"/> Delete
NAME	KILBURY, SCOTT	
STREET ADDRESS	11268 SW 9 CT	
CITY-ST-ZIP	DAVIE FL 33325	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Scott Kilbury	
STREET ADDRESS	4701 S.W. 45 Street	
CITY-ST-ZIP	Davie, FL 33314	

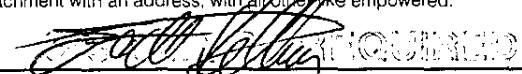
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-02

954-581-2414

Date

Daytime Phone #

CR2E034 (9/01)

04-17-02