

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90142 036 ***150.00

DOCUMENT # P02000000642



1. Entity Name
INDIAN RIVER AUTO WHOLESALERS, INC.

Principal Place of Business
**236 LIVE OAK DR.
VERO BEACH FL 32963**

Mailing Address
**236 LIVE OAK DR.
VERO BEACH FL 32963**

2. Principal Place of Business
885 US #1
Suite, Apt. #, etc.

3. Mailing Address
885 US Highway 1
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Vero Beach
Zip
32960

City & State
Vero Beach
Zip
32960

4. FEI Number
30-0005021

Applied For
Not Applicable

Country
IRC

Country
IRC

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

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22 ST., 4TH FL
MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name
Arleen Arsenault
Street Address (P.O. Box Number is Not Acceptable)
885 US Highway 1
City
Vero Beach **FL** Zip Code
32960

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 **Arleen Arsenault**

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

(NOTE: Registered Agent signature required when reinstating)

1/21/03
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

TITLE
DPT ☐ Delete
NAME
ARSENAULT, GERALD
STREET ADDRESS
236 LIVE OAK DR.
CITY-ST-ZIP
VERO BEACH FL 32963

TITLE
DVS ☐ Delete
NAME
ARSENAULT, ARLEEN B
STREET ADDRESS
236 LIVE OAK DR.
CITY-ST-ZIP
VERO BEACH FL 32963

TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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)