FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90234 019 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000034791

1. Entity Name
PALM BEACH TRUCK CENTER, INC.

Principal Place of Business	Mailing Address
417 WEST SUGARLAND HWY CLEWISTON, FL 33440	417 WEST SUGARLAND HWY CLEWISTON, FL 33440

2. Principal Place of Business	3. Mailing Address
1159. S. MILITARY TR	11852 54TH ST. N.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WEST PALM BEACH, FL	City & State: ROYAL PALM BEACH, FL.
Zip: 33415 Country: PALM BEACH	Zip: 33411 Country: PALM BEACH

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 30-0060308 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PEREZ, ANTONIO R ESQ
417 WEST SUGARLAND HWY
CLEWISTON, FL 33440

7. Name and Address of New Registered Agent

Name: MILDRED L. HOLMES
Street Address (P.O. Box Number is Not Acceptable): 1159 S. MILITARY TR.
City: WEST PALM BEACH FL Zip Code: 33415

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: Mildred L. Holmes MILDRED L. HOLMES 4/28/03
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 NAME STREET ADDRESS CITY-ST-ZIP	VSD KATHLEEN RUBIO 1159 S. MILITARY TR. WEST PALM BEACH, FL. 33415	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD MILDRED LOEPER HOLMES 1159 S. MILITARY TR. WEST PALM BEACH, FL. 33415	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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: Mildred Loeper Holmes 4/28/03 (561) 641-6115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #