

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90497 020 \*\*\*150.00

**DOCUMENT # P02000051035**

1. Entity Name  
**JOE'S GARAGE SALES, INC.**



Principal Place of Business  
**737 S.W. COLLEGE PARK ROAD  
PORT ST LUCIE FL 34953**

Mailing Address  
**737 S.W. COLLEGE PARK ROAD  
PORT ST LUCIE FL 34953**

2. Principal Place of Business  
**738 N.E. Seymour Rd**

3. Mailing Address  
**P.O. Box 60910**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**PALM BAY FL**

City & State  
**PALM BAY FL**

4. FEI Number  
**03-0461624**

Applied For  
Not Applicable

Zip Country  
**32905 USA**

Zip Country  
**32906-0910 USA**

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

☒ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**GOODHART, MARY  
737 S.W. COLLEGE PARK ROAD  
PORT ST LUCIE FL 34953**

## 7. Name and Address of New Registered Agent

Name **MARY BRIARTON**  
Street Address (P.O. Box Number is Not Accepted) **738 N.E. Seymour Road**  
City **PALM BAY** FL **32905**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **2/17/03**

**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 **D** ☐ Delete  
NAME **BRIARTON, JOSEPH W SR**  
STREET ADDRESS **737 S.W. COLLEGE PARK ROAD**  
CITY-ST-ZIP **PORT ST LUCIE FL 34953**

TITLE **D** ☐ Delete  
NAME **GOODHART, MARY**  
STREET ADDRESS **737 S.W. COLLEGE PARK ROAD**  
CITY-ST-ZIP **PORT ST LUCIE FL 34953**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE **D** ☒ Change ☐ Addition  
NAME **BRIARTON, JOSEPH W. JR**  
STREET ADDRESS **738 N.E. Seymour Rd**  
CITY-ST-ZIP **PALM BAY, FL 32905**

TITLE **D** ☒ Change ☐ Addition  
NAME **BRIARTON, MARY**  
STREET ADDRESS **738 N.E. Seymour Rd**  
CITY-ST-ZIP **PALM BAY, FL 32905**

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

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

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

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

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: *Mary Briarton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/17/03** **772-261-6431**  
Date Daytime Phone #

0604164 AV

CR2E034 (10/02)