

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90127 014 ***150.00

DOCUMENT # P02000109634

1. Entity Name
JENNI AUTO SALES INC



Principal Place of Business
5908 ITHACA CIRC W
LAKE WORTH FL 33463

Mailing Address
5908 ITHACA CIRC W
LAKE WORTH 33463

11011587



2. Principal Place of Business

935 A. 26th St

3. Mailing Address

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
West PALM Beach

City & State

4. FEI Number
11365 0666

Applied For
Not Applicable

Zip
33407

Country
PAIM Beach

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ST-LOUIS, GENESE
5908 ITHACA CIRC W
LAKE WORTH FL 33463

Name **VOLTAIRE OLIVIER**

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

10304 PIPPIN LN

City **Royal PALM Beach** **FL** **Zip Code** **33411**

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 *Voltaire Olivier*

04-22-03

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ **Delete**
NAME **OLIVIER, VOLTAIRE**
STREET ADDRESS **5908 ITHACA CIRC W**
CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE **FRANCNER Theodore** ☐ **Change** ☒ **Addition**
NAME **FRANCNER Theodore**
STREET ADDRESS **10304 P. PIPPIN LN Royal PALM Beach**
CITY-ST-ZIP **10304 P. PIPPIN LN Royal PALM Beach**

TITLE **V** ☐ **Delete**
NAME **ST-LOUIS, GENESE**
STREET ADDRESS **5908 ITHACA CIRC W**
CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE **P** ☐ **Change** ☐ **Addition**
NAME **Genese ST-LOUIS**
STREET ADDRESS **5908 Ithaca Circ. W. Lake Worth 33463**
CITY-ST-ZIP **5908 Ithaca Circ. W. Lake Worth 33463**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ **Change** ☒ **Addition**
NAME **Genese St-Louis**
STREET ADDRESS **5908 Ithaca Circ W 33463**
CITY-ST-ZIP **5908 Ithaca Circ W 33463**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **FRANCNER Theodore** ☐ **Change** ☒ **Addition**
NAME **FRANCNER Theodore**
STREET ADDRESS **10304 PIPPIN LN Royal PALM Beach 33411**
CITY-ST-ZIP **10304 PIPPIN LN Royal PALM Beach 33411**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
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: *Genevieve St-Louis*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-03

561-835-8877

Date Daytime Phone #

CR2E034 (10/02)