

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

9/15/2003-90151-028-\$550.00-\$550.00

FILED

03 SEP 25 PM 3:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000125866

1. Entity Name

PALM BEACH AUTO GROUP, INC.



Principal Place of Business  
1253 OLD OKEECHOBEE ROAD  
SUITE A-7  
WEST PALM BEACH FL 33401

Mailing Address  
1253 OLD OKEECHOBEE ROAD  
SUITE A-7  
WEST PALM BEACH FL 33401

2. Principal Place of Business

3. Mailing Address

13321 Rolling Green Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CITY & STATE  
NORTH PALM BEACH, FL

Zip

Country

Zip

Country

33408

PALM BEACH

4. FEI Number

42-156-7699

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRIPPA, JOHN P III  
5550 NORTH OCEAN DRIVE  
BUILDING 6200, APARTMENT 7D  
SINGER ISLAND FL 33404

Name

GRIPPA, JOHN III

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

13321 Rolling Green Rd.

City

NORTH PALM BEACH

FL

Zip Code

33408

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

*John P. Grippa III*

*Vice President*

7-29-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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          | PRESIDENT                  | <input type="checkbox"/> Delete |
| NAME           | JOHN GRIPPA III            |                                 |
| STREET ADDRESS | 13321 Rolling Green Rd.    |                                 |
| CITY-ST-ZIP    | NORTH PALM BEACH, FL 33408 |                                 |
| TITLE          | VICE PRESIDENT             | <input type="checkbox"/> Delete |
| NAME           | ERICA GRIPPA               |                                 |
| STREET ADDRESS | 13321 Rolling Green Rd.    |                                 |
| CITY-ST-ZIP    | NORTH PALM BEACH, FL 33408 |                                 |
| 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"/> 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    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> 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: *John P. Grippa III*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-29-03 513-200-0282

Date

Daytime Phone #

CR2E034 (4/03)