

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 09, 2003 8:00 am
Secretary of State

07-09-2003 90135 002 ***400.00
07-09-2003 90135 001 ***150.00

DOCUMENT # P26229

1. Entity Name
M.G.P. AUTO SALES, INC.



Principal Place of Business
**619 SE 5TH AVE
DELRAY BEACH FL 33483
US**

Mailing Address
**PO BOX 1866
DELRAY BEACH FL 33447
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **22-2232715**

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

**NEWMAN, PETER
619 SE 5TH AVE
PO BOX 1866
DELRAY BEACH FL 33447**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 *Peter Newman* **V.P.**

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

(NOTE: Registered Agent signature required when reinstating)

7/7/03
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 **VS**
NAME **NEWMAN, PETER**
STREET ADDRESS **619 SE 5TH AVE.**
CITY-ST-ZIP **DELRAY BEACH FL 33447**
☐ Delete

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

TITLE **PTD**
NAME **NEWMAN, PHYLLIS**
STREET ADDRESS **10333 CAMELBACK LANE**
CITY-ST-ZIP **BOCA RATON FL**
☒ Delete

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

TITLE **PTD**
NAME **NEWMAN, PHYLLIS**
STREET ADDRESS **619 SE 5TH AVE.**
CITY-ST-ZIP **DELRAY BEACH FL 33447**
☐ Delete

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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:

Peter Newman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NEWMAN V.P. 7/7/03
Date

561 343-6401
Daytime Phone #

CR2E034 (4/03)