

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000016033

1. Entity Name
VINTAGE MOTORS OF SOUTH FLORIDA, INC.



Principal Place of Business
4500 PGA BLVD.
STE 207
PALM BEACH GARDENS, FL 33418

Mailing Address
4500 PGA BLVD.
STE 207
PALM BEACH GARDENS, FL 33418



DO NOT WRITE IN THIS SPACE

02232004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0392316

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DIVOSTA, OTTO B
4500 PGA BLVD.
STE 207
PALM BEACH GARDENS, FL 33418

**DO NOT WRITE
IN THIS SPACE**

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

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000133819
04/27/04-80102-012 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
DIVOSTA, OTTO B
4500 PGA BLVD., SUITE 207
PALM BEACH GARDENS, FL 33418

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VS
BRANDT, PHILLIP L
4500 PGA BLVD., SUITE 207
PALM BEACH GARDENS, FL 33418

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #