

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90176 008 ***150.00

DOCUMENT # P94000011607

1. Entity Name
BRUCE'S AUTOMOTIVE REPAIR, INC.

Principal Place of Business

~~100 TONEY PENNA DR
JUPITER FL 33458
US~~

Mailing Address

~~100 TONEY PENNA DR
JUPITER FL 33458
US~~

2. Principal Place of Business

1030 Overseas Hwy.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 798

Suite, Apt. #, etc.

City & State

Layton, FL 33001

City & State

Layton, FL

4. FEI Number

65-0452391

Applied For

Not Applicable

Zip

33001

Country

USA

Zip

33001

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PALMIERI, LAUREL A

~~100 TONEY PENNA DRIVE
JUPITER FL 33458~~

7. Name and Address of New Registered Agent

Name

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

152 Inoquois Drive

City Islamorada, FL

Zip Code

33036

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.

SIGNATURE **Laurel A. Palmieri President**

1/15/02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	PALMIERI, LAUREL A	
STREET ADDRESS	100 TONEY PENNA DR 152 Inoquois Dr	
CITY-ST-ZIP	JUPITER FL Islamorada FL 33001	
TITLE	S	<input type="checkbox"/> Delete
NAME	DELVALLE, BRUCE F	
STREET ADDRESS	100 TONEY PENNA DR 152 Inoquois Dr.	
CITY-ST-ZIP	JUPITER FL Islamorada FL 33001	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Laurel A Palmieri**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-664-3372

1/15/02

CR2E034 (9/01)