

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90196 011 ***150.00

DOCUMENT # P94000011607



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

Principal Place of Business

1000 OVERSEAS HWY
LAYTON FL 33001
US

Mailing Address

1000 OVERSEAS HWY
LAYTON FL 33001
US

2. Principal Place of Business

68650 Overseas Hwy. P.O. Box 798
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 798
Suite, Apt. #, etc.

City & State

Long Key FL.
Zip 33001 Country Monroe

City & State

Long Key FL.
Zip 33001 Country Monroe

4. FEI Number 65-0452391

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

PALMIERI, LAUREL A
152 INOQUOIS DRIVE
ISLAMORADA FL 33036

7. Name and Address of New Registered Agent

Name Delvalle, Bruce F.
Street Address (P.O. Box Number is Not Acceptable)
68650 Overseas Hwy
City Long Key FL Zip Code 33001

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

(NOTE: Registered Agent signature required when reinstating)

DATE 2/14/03

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	PALMIERI, LAUREL A	
STREET ADDRESS	152 INOQUOIS DRIVE	
CITY-ST-ZIP	ISLAMORADA FL 33036	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	DELVALLE, BRUCE F	
STREET ADDRESS	152 INOQUOIS DRIVE	
CITY-ST-ZIP	ISLAMORADA FL 33036	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Delvalle, Bruce F.	
STREET ADDRESS	P.O. Box 798	
CITY-ST-ZIP	Long Key, FL. 33001	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Palmieri, Laurel A	
STREET ADDRESS	P.O. Box 798	
CITY-ST-ZIP	Long Key, FL. 33001	
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:

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

Date

Daytime Phone #

CR2E034 (10/02)