## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

-Country

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

DOCUMENT #  1. Entity Name	P94000059995	SE ST
NEW TRISTATE AUTOM	MOTIVE & ELECTRIC, INC.	
Principal Place of Business	Mailing Address	1
1033 CONGRESS AVE.	1033 CONGRESS AVE.	
WEST PALM BEACH FL 33409	WEST PALM BEACH FL 33409	

3. Mailing Address

City & State

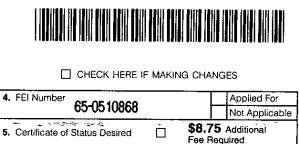
Zip

Suite, Apt. #, etc.

**FILED** Mar 06, 2003 8:00 am Secretary of State

03-06-2003 90131 005 \*\*\*150.00

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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FORBES, MICHAEL 2410 EMBASSY DRIVE WEST PALM BEACH FL 33401	Name Street Address (P.O. Box Number is Not Acceptable)
A PA	

Country\*

City 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 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition NAME FORBES, RENDEL NAME STREET ADDRESS 2410 EMBASSY DR STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33401 CITY-ST-ZIP TITLE -⊡ Delete ∽ TITI F Change - Addition NAME FORBES, DAHLIA NAME STREET ADDRESS 2410 EMBASSY DR STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33401 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME FORBES, MICHAEL G NAME STREET ADDRESS 2410 EMBASSY DR STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33401 CITY-ST-ZIP TITLE Delete TITLE Change Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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), Fiorida 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.