

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000078226

1. Entity Name
STATEWIDE AUTO UPHOLSTERY, INC.

Principal Place of Business Mailing Address
1696 OLD OKEECHOBEE ROAD 1696 OLD OKEECHOBEE ROAD
W PALM BEACH FL 33409 W PALM BEACH FL 33409

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 65-0649252 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KARPEICHIK, LARRY
1696 OLD OKEECHOBEE RD.
J1
WEST PALM BEACH FL 33409

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.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS
NAME KARPEICHIK, LARRY
STREET ADDRESS 1696 OLD OKEECHOBEE RD #1-J
CITY-ST-ZIP W PALM BEACH FL 33409 ☐ Delete

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

TITLE VT
NAME KARPEICHIK, LEONARD
STREET ADDRESS 1696 OLD OKEECHOBEE RD #1-J
CITY-ST-ZIP WEST PALM BEACH FL 33409 ☐ Delete

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 4, 2002 561 640 9247
Date Daytime Phone #

FILED
Jan 09, 2002 8:00 am
Secretary of State
01-09-2002 90015 023 ***150.00



DO NOT WRITE IN THIS SPACE

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