

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000038964

1. Entity Name

A & R AUTOMOTIVE, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90177 021 ***150.00

Principal Place of Business

Mailing Address

10018 SPANISH ISLES BLVD.
 BAY 19
 BOCA RATON FL 33428

10018 SPANISH ISLES BLVD.
 BAY 19
 BOCA RATON FL 33498-6326

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 **65-0667601**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ADAMS, JUDY
 11119 S. TERRADAS IN.
 BOCA RATON FL 33428

Name **SHANNON ROBERTS**
 Street Address (P.O. Box Number is not acceptable) **11168 MODEL CIRCLE WEST**
 City **BOCA RATON** **FL** **33428**

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 *Shannon L Roberts* **SHANNON L. ROBERTS** **1-5-00**
 (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required with filing) 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, 2000 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	D	☐ Delete
NAME	ROBERTS, LOCKE	
STREET ADDRESS	% 10018 SPANISH ISLES BLVD. BAY 19	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	D	☒ Delete
NAME	ADAMS, JUDY	
STREET ADDRESS	% 10018 SPANISH ISLES BLVD. BAY 19	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	D	☐ Delete
NAME	ROBERTS, SHANNON	
STREET ADDRESS	% 10018 SPANISH ISLES BLVD. BAY 19	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	D	☒ Delete
NAME	ADAMS, KENNETH E	
STREET ADDRESS	% 10018 SPANISH ISLES BLVD. BAY 19	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY	☒ Change ☐ Addition
NAME	ANGEIA ROBERTS	
STREET ADDRESS	10018 SPANISH ISLE BLVD A-19	
CITY-ST-ZIP	BOCA RATON, FL 33498	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRESIDENT	☒ Change ☐ Addition
NAME	SCOTT ROBERTS	
STREET ADDRESS	10018 SPANISH ISLE BLVD A-19	
CITY-ST-ZIP	BOCA RATON, FL 33498	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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 *Shannon L Roberts* **SHANNON L. ROBERTS, TREAS** **1-5-00** **561 715 8850**
 (Signature and typed or printed name of signing officer or director) Date Daytime Phone #

CR2E034 (9/99)