

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2002 8:00 am
Secretary of State

09-12-2002 90096 034 ***550.00

DOCUMENT # P96000038964

1. Entity Name
A & R AUTOMOTIVE, INC.

Principal Place of Business
10018 SPANISH ISLES BLVD.
BAY 19
BOCA RATON FL 33428

Mailing Address
10018 SPANISH ISLES BLVD.
BAY 19
BOCA RATON FL 33428



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
10018 Spanish Isle Blvd

3. Mailing Address
10018 Spanish Isle Blvd

Suite, Apt. #, etc.
BLDG A #19

Suite, Apt. #, etc.
BLDG A #19

City & State
BOCA RATON FL

City & State
BOCA RATON FL

Zip
33498

Country
USA

Zip
33498

Country
USA

4. FEI Number
65-0667601

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROBERTS, SHANNON
1168 MODCI CIRCLE
BACO RATON FL 33428

7. Name and Address of New Registered Agent

Name
SHANNON ROBERTS

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

12273 TANGERINE BLVD

City **West Palm BCH** **FL** **33412**

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 **Shannon L ROBERTS**

9-6-02

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **D** ☐ Delete
NAME **ROBERTS, LOCKE**
STREET ADDRESS **% 10018 SPANISH ISLES BLVD. BAY 19**
CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE **S** ☒ Delete
NAME **ROBERTS, ANGELA**
STREET ADDRESS **11168 SACCO DRIVE**
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 **VP** ☒ Delete
NAME **ROBERTS, SCOTT**
STREET ADDRESS **11168 SACCO DRIVE**
CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D, Pres,** ☒ Change ☐ Addition
NAME **ROBERTS, LOCKE**
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 **D, S, T, VP** ☒ Change ☐ Addition
NAME **ROBERTS, SHANNON**
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

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-6-02 561-212-6389

Date

Daytime Phone #

CR2E034 (4/02)