

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90353 048 \*\*\*150.00

**DOCUMENT # P96000081258**

1. Entity Name  
**PALM CHRYSLER PLYMOUTH JEEP-EAGLE, INC.**



Principal Place of Business  
**2345 OKEECHOBEE BLVD.  
WEST PALM BEACH FL 33409**

Mailing Address  
**2345 OKEECHOBEE BLVD.  
WEST PALM BEACH FL 33409**

2. Principal Place of Business  
**515 N. FLAGLER DRIVE  
Suite, Apt. #, etc.  
SUITE 808**

3. Mailing Address  
**515 N. FLAGLER DRIVE  
Suite, Apt. #, etc.  
SUITE 808**

City & State  
**WEST PALM BEACH, FL**

City & State  
**WEST PALM BEACH, FL**

Zip Country  
**33401 USA**

Zip Country  
**33401 USA**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3402385**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**FHS CORPORATE SERVICES INC.  
11780 US HIGHWAY ONE STE 300  
NO PALM BEACH FL 33408**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City State Zip Code  
**FL**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>DPS CUILLO, ROBERT S 2345 OKEECHOBEE BLVD W PALM BEACH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T HOTARY, MICHAEL 2345 OKEECHOBEE BLVD W PALM BEACH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPS CUILLO, ROBERT S. 515 N. FLAGLER DRIVE STE 808 WEST PALM BEACH, FL 33401</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T HOTARY, MICHAEL 515 N. FLAGLER DRIVE STE 808 WEST PALM BEACH, FL 33401</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **MICHAEL HOTARY** 4-30-03 561-478-4998  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)