

**UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # *P97000010559*

1. Entity Name

*SAWGRASS AUTO, INC.*

**FILED**  
**May 19, 2003 8:00 am**  
**Secretary of State**

05-19-2003 90225 016 \*\*\*150.00

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*12585 WEST SUNRISE BLVD*

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

*SUNRISE FLORIDA*

Zip

*33323*

City &amp; State

Zip

Country

4. FEI Number

*65-0726340*

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

*Robert P BISSONNEAU, Esq.*

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

*2550 NW 15 AVENUE*

City

*Fort Lauderdale*

FL

Zip Code

*33305*

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 restating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back) 

**January 1 - May 1 Fee is \$150.00**  
 After May 1, Fee is \$550.00  
 Amended UBR is \$61.25  
 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: *DP*  
 NAME: *CHARLES J BONFIGLIO*  
 STREET ADDRESS: *7629 WESTON ROAD*  
 CITY-ST-ZIP: *WESTON FL 33331*

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Charles J Bonfiglio, Pres.*SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
*CHARLES J BONFIGLIO*

4-25-02

Date

Daytime Phone #