

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90829 050 ***150.00

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DOCUMENT # P97000075759

1. Entity Name

WHOLESALE AUTO UPHOLSTERY INC.



Principal Place of Business

**2360 N. MILITARY TRL
SUITE 112
WEST PALM BEACH FL 33409
US**

Mailing Address

**2360 N. MILITARY TRL
SUITE 112
WEST PALM BEACH FL 33409
US**

2. Principal Place of Business

**1015 Loxahatchee Dr.
Suite, Apt. #, etc.
Bay 6**

3. Mailing Address

**1015 Loxahatchee Dr.
Suite, Apt. #, etc.
Bay 6**

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

Zip

33409

Country

US

Zip

33409

Country

US

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0782876

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

WARNER, DANIEL E

2360 N. MILITARY TRL

SUITE 112

WEST PALM BEACH FL 33409

7. Name and Address of New Registered Agent

Name **WARNER, DANIEL E**

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

1015 Loxahatchee Dr.

Bay 6

City

West Palm Beach

FL

Zip Code

33409

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

Signature, typed or printed name of registered agent and title if applicable.

DANIEL E. WARNER

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/03

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 ☐ Delete

**P
WARNER, DANIEL E
2360 N. MILITARY TRL STE. #112
WEST PALM BEACH FL 33409**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ Delete

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ Change ☐ Addition

**NAME
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CITY-ST-ZIP**

TITLE ☐ Delete

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CITY-ST-ZIP**

TITLE ☐ Change ☐ Addition

**NAME
STREET ADDRESS
CITY-ST-ZIP**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/03

CP2E034 (10/02)