

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000103934

1. Entity Name

BLUE ANGELS AUTO TRANSPORT, INC.

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90044 037 ***158.75

Principal Place of Business

Mailing Address

P.O. BOX 2428
WEST PALM BEACH FL 33402-2428

P.O. BOX 2428
WEST PALM BEACH FL 33402-2428

2. Principal Place of Business

6811 GARDEN RD

3. Mailing Address

6811 GARDEN RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
WEST PALM BEACH FL

City & State
WEST PALM BEACH FL

4. FEI Number 65-0799769

Applied For
Not Applicable

Zip 33404 Country USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ELMORE, PHILLIP
14550 CRAZY HORSE LANE
PALM BEACH GARDENS FL 33418

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

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 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 \$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 NAME STREET ADDRESS CITY-ST-ZIP	D ELMORE, PHILLIP 14550 CRAZY HORSE LANE PALM BEACH GARDENS FL 33418	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELMORE, DANA 14550 CRAZY HORSE LANE PALM BEACH GARDENS FL 33418	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PHIL ELMORE

(561) 848-8744

Daytime Phone #

3/24/00

CR2E034 (9/99)