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Palm Beach Autocare, Inc.			03 JUN 19 PH 2:08
DO NOT WRITE IN THIS SPACE			SECRETARY OF STATE TAILLAHASSEE, FLORIDA
2. Principal Place of Business 31100 Shawnee Ave. Suite, Apt. #, etc.	3. Mailing Address 3160 Mail Suite, Apt. #, etc.	unee Ave.	DO NOT WRITE IN THIS SPACE
City & State IN. Palm Beach	City & State	ach Fl	4. FEI Number 5-0 X17 343 Applied For Not Applicable
Zip FL 33409 ULS.	^{Zip} 33409	^{Country} US.	5. Certificate of Status Desired \$8.75 Additional Fee Required
Name A			7. Name and Address of Current Registered Agent I TENNE MALAUSO (P.O. Box Number is Not Acceptable) I GD Shawnee AUE.
		City W. P.	alm Beach FL Zip 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. (NOTE: Registered Agent signature required when reinstating) DATE January 1 - May 1 Fee Is \$150.00 Image: Comparison of the state of sta			
After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of 10. OFFICERS AND I	ACTIVITY AND A DEC		9. Election Campaign Financing Trust Fund Contribution.
title President NAME James Hacaluso STREET ADDRESS JID RIVER BLUFF CITY-ST-ZIP ROYAL FAIM BEC	ane 106, FL 33411	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200021089992 06/23/03-01127002 **150.00
TITLE VICE President NAME Adrienne Maca STREET ADDRESS 210 River BIVET	,	TITLE NAME STREET ADDRESS CITY : ST- ZIP	200021089992 06/23/0301127002 **150.00 200021089992 06/23/0301127003 **150.00
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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 on an attachment with an address, with all other like empowered.			
SIGNATURE: AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

division of corp

Palm Beach Autocare, Inc. 3160 Shawnee Avenue West Palm Beach, FL 33409 Tel: (561)683-1515 Fax: (561) 683-2229

April 3, 2003

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Sir/Madame:

I did not receive my UBR this year, so I went online to get a blank copy. While I was online, I looked up our corporation and I see that it is inactive. I sent an email and the response said that I should write to you to see what I have to make it active. Last year was a bad year for my medically, I had my third baby by c-section, had a bad infection and I am on my 3rd hernia, all in one year, so I am trying to get everything staightened out in the office and I thought it was strange that I did not receive a form this year.

Can you please tell me what I have to do to correct this. I am sending in a check for the \$150.00 for this year. I am aware that it is due by May 1st and would like to make sure everything is O.K..

Thank you,

Macalusa

Adrienne Macaluso Vice President