

2000 UNIFORM BUSINESS REPORT (UBR)

Amended

DOCUMENT # PA 8000046313

1. Entity Name

Auto/Truck City Inc.

Principal Place of Business

Mailing Address

2172 North Military Trail
West Palm Beach, FL 33409

2. Principal Place of Business

3. Mailing Address

2172 N. Military Tr.
Suite, Apt. #, etc.

2172 N. Military Tr.
Suite, Apt. #, etc.

City & State

West Palm Beach, FL
Zip 33409 Country USA

City & State

West Palm Beach, FL
Zip 33409 Country USA

4. FEI Number

65-0949490

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Ben Rouse
3020 Buccaneer Rd.
Lantana, FL 33462

7. Name and Address of New Registered Agent

Name Jean Rouse

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

3020 Buccaneer Rd.

City Lantana

FL

Zip Code 33462

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] President

9-5-00

Signature, typed or printed name of the 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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE	Vice-President	<input checked="" type="checkbox"/> Delete
NAME	Michael McCoy	
STREET ADDRESS	3801 S. US 1	
CITY-ST-ZIP	Ft. Pierce, FL 34982	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ben Rouse	
STREET ADDRESS	3020 Buccaneer Rd.	
CITY-ST-ZIP	Lantana, FL 33462	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jean Rouse	
STREET ADDRESS	3020 Buccaneer Rd.	
CITY-ST-ZIP	Lantana, FL 33462	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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] BEN ROUSE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-5-00 561-683-2489

Date

Daytime Phone #

CR2E034 (5/00)

9/11