

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000050172

1. Entity Name

PALM BEACH AUTO FINANCE, INC.

FILED
Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90012 018 ***150.00

Principal Place of Business

Mailing Address

1696 OLD OKEECHOBEE RD

1696 OLD OKEECHOBEE RD

3C

3C

WEST PALM BEACH FL 33409

WEST PALM BEACH FL 33409-5219

2. Principal Place of Business

13468 Columbine AVE

3. Mailing Address

13468 Columbine AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Wellington FL

City & State

Wellington FL

4. FEI Number

65-0841714

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TORNABENE, JOHN
1696 OLD OKEECHOBEE RD, 3B
WEST PALM BEACH FL 33409

7. Name and Address of New Registered Agent

Name John Tornabene

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

13468 Columbine AVE

City

Wellington

FL

Zip Code

33414

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)

3-10-00

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

TITLE D
NAME TORNABENE, JOHN
STREET ADDRESS 1696 OLD OKEECHOBEE RD, 3B
CITY-ST-ZIP WEST PALM BEACH FL 33409

☐ Delete

TITLE
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

13468 Columbine AVE
Wellington FL 33414

TITLE
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STREET ADDRESS
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CITY-ST-ZIP

☐ Change ☐ Addition

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

Date

Daytime Phone #

CR2E034 (9/99)