

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000051557

1. Entity Name

NEW IMAGE AUTOMOTIVE GROUP, INC.

FILED

Sep 18, 2000 8:00 am  
Secretary of State

09-18-2000 90019 034 \*\*\*550.00

Principal Place of Business

108 MILLER WY  
LAKE PARK FL 33403

Mailing Address

1820 S OCEAN BLVD. #2-B  
DELRAY BEACH FL 33403

2. Principal Place of Business

11606 SW Meadowlark Cir  
Suite, Apt. #, etc.

3. Mailing Address

11606 SW Meadowlark Cir  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
Stuart, FL 34997

Zip  
34997

Country  
Martin

City & State  
Stuart, FL

Zip  
34997

Country  
Martin

4. FEI Number  
65-0846393

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

FLECK, DOUGLAS H  
1820 S OCEAN BLVD, #2-B  
DELRAY BEACH FL 33483

7. Name and Address of New Registered Agent

Name  
Douglas H Fleck  
Street Address (P.O. Box Number is Not Acceptable)  
11606 S.W. Meadowlark Cir  
City  
Stuart FL Zip Code  
34997

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

*[Signature]* D. Sec. Registered Agent  
(NOTE: Registered Agent signature required when re-registering)

09-08-00  
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 \$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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
FLECK, DOUGLAS H  
1820 S OCEAN BLVD, #2-B  
DELRAY BEACH FL 33483 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SHARONE, MARK  
8763 159TH CT N  
PALM BEACH GARDENS FL 33418 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Douglas H Fleck ☒ Change ☐ Addition  
11606 SW Meadowlark Cir  
Stuart, FL 34997

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
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 employees.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-08-00  
Date

561-252-8947  
Daytime Phone #

CR21 034 (3/00)