

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 91184 032 \*\*\*158.75

**DOCUMENT # P98000051557**

1. Entity Name

**NEW IMAGE AUTOMOTIVE GROUP, INC.**

Principal Place of Business

108 MILLER WY  
 LAKE PARK FL 33403

Mailing Address

1820 S OCEAN BLVD. #2-B  
 DELRAY BEACH FL 33483-556

2. Principal Place of Business

640 S.W. Pine Ave

3. Mailing Address

11606 S.W. Meadowlark Cir

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Stuart FL

City & State

Stuart FL

Zip

Country

34994 USA

Zip

Country

34997 USA

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

7. Name and Address of New Registered Agent

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

Name

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

11606 Sw 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]*

4-27-01

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

(NOT) 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, 2001 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 D ☐ Delete  
 NAME FLECK, DOUGLAS H  
 STREET ADDRESS 1820 S OCEAN BLVD, #2-B  
 CITY-ST-ZIP DELRAY BEACH FL 33483

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

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

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report or 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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-01

Date

561-2528947

Daytime Phone #

CR2E034 (9/99)