

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90192 004 ***150.00

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DOCUMENT # **P98000051557**

1. Entity Name
NEW IMAGE AUTOMOTIVE GROUP, INC.



Principal Place of Business
**640 SW PINE AVE
STUART FL 34994**

Mailing Address
**11606 SW MEADOW LARK CIR
STUART FL 34997**



2. Principal Place of Business
3905 Investment Ln.

3. Mailing Address
8763 159 Ct N.

Suite, Apt. #, etc.
#14

Suite, Apt. #, etc.

City & State
Riviera Beach FL

City & State
Palm Beach Gardens FL

4. FEI Number **65-0846393**

Applied For
Not Applicable

Zip
33404

Country
Palm Beach

Zip
33418

Country
Palm Beach

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLECK, DOUGLAS H
11606 SW MEADOW LARK CIR
STUART FL 34997**

Name

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

City

FL

Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **D 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
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TITLE Change Addition
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STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mark Sharone* **42503 5613794855**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)