

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

02-05-2003 90152 040 ***150.00

DOCUMENT # P98000064207

1. Entity Name
STUART VOLKSWAGEN, INC.



Principal Place of Business
2765 SE FEDERAL HWY
STUART FL 34994

Mailing Address
2765 SE FEDERAL HWY
STUART FL 34994



2. Principal Place of Business
2805 SE FEDERAL HWY
Suite, Apt. #, etc.

3. Mailing Address
2805 SE FEDERAL HWY
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
STUART, FL.
Zip
34994

Country

City & State
STUART, FL.
Zip
34994

Country

4. FEI Number **65-0856899**

Applied For
☐ **Not Applicable**

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

6. Name and Address of Current Registered Agent

VALDES-FAULI CORPORATE SERVICES, INC.
777 S FLAGLER DR., STE 500 EAST
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	WILLETT, THOMAS	NO. 1 SE OSCEOLA STREET, STE 200	STUART FL 34994	<input type="checkbox"/>
VP	RICHEBOURG, MARGARET	NO. 3 TIMOR STREET	STUART FL 34996	<input type="checkbox"/>
S	NORRIS, JUDY	1585 NW BEAGON DR #1103	JENSEN BEACH FL 34957	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	WILLETT, THOMAS, P.	P.O. BOX 2070	STUART, FL, 34995	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	RICHEBOURG, MARGARET, W	P.O. BOX 2070	STUART, FL, 34995	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	NORRIS, JUDY	P.O. BOX 2070	STUART, FL, 34995	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E034 (10/02)

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: THOMAS P. WILLETT 1/31/03 772-221-9984
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #