2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 07, 2000 8:00 am Secretary of State DOCUMENT # **P98000083265** 05-07-2000 90021 050 ***150.00 PALMER'S AUTOMOTIVE, INC. Mailing Address Principal Place of Business 4328 HUNTING TR. coo northlake blvd. LAKE WORTH FL 33467-3504 LAKE PARK FL 33408 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0875008 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PALMER, RICHARD Street Address (P.O. Box Number is Not Acceptable) **4328 HUNTING TRAIL** LAKE WORTH FL 33467 City 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. 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. 66/6 ☐ Addition ☐ Change TITLE Defete TITLE PALMER, RICHARD NAME NAME \subseteq STREET ADDRESS 4328 HUNTING TR. STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL 33467 CITY-ST-ZIP VPD ☐ Change ☐ Addition ☐ Delete TITI F TITLE PALMER, MARLENE NAME NAME 4328 HUNTING TR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL 33467 CITY-ST-7IP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE

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.

NAME

STREET ADDRESS

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP