

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 16, 2002 8:00 am**  
**Secretary of State**

06-16-2002 90694 009 \*\*\*150.00

DOCUMENT # **999000053469**  
 1. Entity Name  
**DNP Auto Sales, Inc**

Principal Place of Business Mailing Address  
**1217 Old Okeechobee Rd Unit 5**  
**West Palm Beach, FL 33401**

**869142**

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0926985</b>		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent <b>Dominic Nicoletti</b> <b>8627 Tarmaline Blvd</b> <b>Baynton Beach, FL 33437</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>President</b> <b>Dominic Nicoletti</b> <b>1217 Old Okeechobee Rd</b> <b>West Palm Beach FL 33401</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Vice President</b> <b>1217 Old Okeechobee Rd</b> <b>West Palm Beach, FL 33401</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Sec Dominic Nicoletti</b> <b>1217 Old Okeechobee Rd</b> <b>West Palm Beach FL 33401</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 empowered.

SIGNATURE:   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**561-375-8005**  
**5/7/02 561-837-6556**  
 Date Daytime Phone



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

June 4, 2002

DNP AUTO SALES, INC.  
1217 OLD OKEECHOBEE RD  
UNIT 5  
WEST PALM BEACH, FL 33401

SUBJECT: DNP AUTO SALES, INC.  
Ref. Number: P99000053469

We have received your document for DNP AUTO SALES, INC. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

Please list the complete title, name and address of each officer listed.

*Entered name, Sorry & Thank you.*

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Michelle Milligan  
Document Specialist

Letter Number: 602A00035950



Attachment

## **Palm Beach Coachworks**



1217 Old Okeechobee Road • West Palm Beach, Florida 33401  
(561) 837-6556 • Fax (561) 837-6589

May 7, 2002

869/142

# P99000053469

Florida Department of State  
Division of Corporations  
P.O.Box 6327  
Tallahassee, Florida 32314

Subject: DNP AutoSales, Inc.  
D&P Autoworks, Inc

As per several telephone conversations regarding not receiving the (UBR) reports for the two companies, I have enclosed two checks each in the amount of \$150.00. I had the same problem last year of not receiving the (UBR) report, and I had to write a letter. I only have a (UBR) report for the year 2000.

As per your request I was told to write a letter stating what had happened and mail in \$150.00 for each corporation.. If you should need any further information please call me at the number above.

Thank you,

Dominic Nicoletti