


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90193 042 ***150.00

DOCUMENT # P99000080365	
1. Entity Name AUTOMOTIVE CONSULTANTS OF PALM BEACH, INC.	

Principal Place of Business 15783 CYPRESS PARK DR. WELLINGTON FL 33414	Mailing Address 15783 CYPRESS PARK DR. WELLINGTON FL 33414
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2. Principal Place of Business 15535 Sunward Drive Suite, Apt. #, etc.	3. Mailing Address 15535 Sunward Drive Suite, Apt. #, etc.
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City & State Wellington FL	City & State Wellington FL
Zip 33414	Zip 33414
Country Palm Beach	Country Palm Beach

4. FEI Number 59-3599901	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent MUCCI, ALBERT J 15783 CYPRESS PARK DR. WELLINGTON FL 33414
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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 _____ (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
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE PD	<input type="checkbox"/> Delete
NAME MUCCI, ALBERT J	
STREET ADDRESS 15783 CYPRESS PARK DR.	
CITY-ST-ZIP WELLINGTON FL 33414	
TITLE PD	<input type="checkbox"/> Delete
NAME MUCCI, PAMELA J	
STREET ADDRESS 15783 CYPRESS PARK DR.	
CITY-ST-ZIP WELLINGTON FL 33414	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Mucci, Albert J.	
STREET ADDRESS 15535 Sunward Drive	
CITY-ST-ZIP Wellington FL 33414	
TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Mucci, Pamela J	
STREET ADDRESS 15535 Sunward Drive	
CITY-ST-ZIP Wellington FL 33414	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 life empowered.

SIGNATURE: SIGNATURE OF SIGNING OFFICER OR DIRECTOR Albert J. Mucci 4-21-03
Date Daytime Phone #

CR2E034 (10/02)