

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S03460

1. Entity Name

PATRICK'S AUTO CENTER, INC.

FILED

Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90001 003 ***158.75

Principal Place of Business

2354 N. MILITARY TRAIL
SUITE 212
W PALM BEACH FL 33409
US

Mailing Address

2354 N. MILITARY TRAIL
SUITE 212
W PALM BEACH FL 33411-4005
US

2. Principal Place of Business

490 Business Parkway

3. Mailing Address

← Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Royal Palm Beach, FL

City & State

4. FEI Number

65-0308685

Applied For

Not Applicable

Zip

Country

Zip

Country

33411

USA

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

PATRICK, KRIS M.
2354 N. MILITARY TRAIL
#212
W PALM BEACH FL 33409

490 Business Parkway
Royal Palm Beach FL 33411

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Kris M. Patrick (President)

1-27-00

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME PATRICK, KRIS M
STREET ADDRESS 2354 N. MILITARY TRAIL, SUITE #212
CITY-ST-ZIP W. PALM BEACH FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 490 Business Parkway
CITY-ST-ZIP Royal Palm Beach FL 33411

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Kris M. Patrick (President)

Date

Daytime Phone #

1-27-00 561-3336