## FILED May 01, 2003

May 01, 2003 8:00 am Secretary of State

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DOCUMENT # V06130

**2003 FOR PROFIT CORPORATION** 

**UNIFORM BUSINESS REPORT (UBR)** 

05-01-2003 90341 010 \*\*\*150.00 1. Entity Name FLORIDA USED KAR KING. INC. Mailing Address Principal Place of Business 13046 82ND LN N 110 CROTON PLACE LANTAMA FL 33462 W PALM BCH FL 33412 2. Principal Place of Business 3, Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0306240 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MENNELLA, HELEN O. Box Number is Not Acceptable) 13046 82ND LANE NORTH Band WEST PALM BEACH FL 33412 changine its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this statement for the purpose the obligations of registered SIGNATURE typed or printed hame of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee, will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Addition Terais, Ronald TERGIS, RONALD NAME NAME 13046 82nd Lane N STREET ADDRESS 13046 82ND LANE N STREET ADDRESS WEST PALM BEACH FL 33412 WEST POIN BEACH FL 3342 CITY-ST-ZiP CITY-ST-ZIP TITLE ☐ Delete TITLE mennella, Helen NAME MENNELLA, HELEN NAME 12046 82nd bane N STREET ADDRESS 13046 82ND LANE NORTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33412 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS

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 either like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7P

TITLE

NAME

SIGNATURE:

CITY-ST-ZIE

STREET ADDRESS

CITY-ST-71P

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

4/28 3 561-333-3666 Date Daytime Phone # CR2E034 (10/02)

☐ Addition