

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V13641

1. Entity Name

SHAWNEE AUTO SALES, INC.

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

05-20-2002 90120 011 ***150.00

Principal Place of Business
2933 WESTGATE AVENUE
WEST PALM BEACH FL 33409
US

Mailing Address
11852 54TH STREET N
ROYAL PALM BEACH FL 33411
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0320273

Applied For

Not Applicable.

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

CHILLINGWORTH, CHARLES C ESQ.
CHILLINGWORTH & CONWAY, P.A., STE. 800
2080 PALM BEACH LAKES BLVD.
WEST PALM BEACH FL 33409

Name AIMEE JOIE HOLMES

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

11852 54TH STREET No.

Aimee Joie Holmes

ROYAL PALM BEACH

FL

Zip Code

33411-8807

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

Donald L. Holmes President

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

(NOTE: Registered Agent signature required when changing agent.)

DATE

03/16/02

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, 2002 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 HOLMES, DONALD L
STREET ADDRESS 2933 WESTGATE AVENUE
CITY-ST-ZIP WEST PALM BEACH FL 33409 ☐ Delete

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

TITLE VSTD
NAME HOLMES, MILDRED M
STREET ADDRESS 2933 WESTGATE AVENUE
CITY-ST-ZIP WEST PALM BEACH FL 33409 ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

DONALD L. HOLMES PRESIDENT

Date

Daytime Phone #

03/16/02 (56) 346-2159

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)