Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90005 013 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # V66133**

1. Corporation UNIQUE	MOTOR CARE, INC.								
Principal Place	of Business	Mailing Address	_			f JOSTI Diguis antid Ottol troop en	188 IIII <b>Bib</b> ir Bii	Pil 81811 81811 8	1011 EIDII 1001
2600 N FEDERAL HWY LIGHTHOUSE PT FL 33064 US		2600 N FEDERAL HWY LIGHTHOUSE PT FL 33064 US			DO NOT WRI	TE IN THIS	SPACE		
	•				1	09/23/1992			
	ace of Business	2a. Mailing Address			4	4. FEI Number 65-0358283		<del></del>	plied For t Applicable
Suite, Apt.	#, etc.	26				5. Certifcate of Status Desired		\$8.75 A	Additional
City & State	9	City.& State -	-			<ol> <li>Election Campaign Financing Trust Fund Contribution</li> </ol>		<b>\$5.00</b> Added to	
Zip 24	Country	Zip 30	Count	У	1	B. This corporation owes the curre Personal Property Tax.		Yes	□No
9. Name and Address of Current Registered Agent					1	0. Name and Address of New R	₹egistered /	Agent	
PLUMEAU, EDWARD K. 410 SW SILVER PALM COVE PORT ST. LUCIE FL 34986-2310  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was auth			iorized b	2 Street 3 City ve-named	t Address	(P.O. Box Number is Not Acceptation submits this statement for the board of directors. I hereby acceptance	FL purpose of	85 Zip C	registered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Florida	a Statute	es. 	erw beniupen		DATE		
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTO	
NAME STREET ADDRESS	PD ST GEORGE, PETER 21464 SUMMERTRACE CIR BOCA RATON FL	☐ DELETE		ET ADDRESS	S	_		☐ Change	☐ Addition
CITY-ST-ZIP	VST DELETE		1.4 CITY-ST-ZIP		†	,		Change	Addition
NAME STREET ADDRESS	ST. GEORGE, MARY BETH 21464 SUMMERTRACE CIRCLE	. <del></del>	2.2 NAME 2.3 STRE	ET ADDRESS	s				
			2.4 CITY		1	_			
TITLE		☐ DELETE	3.1 TITLE			-	-	☐ Change	☐ Addition

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 12 or Block 13 if chapted, or on an attachment with an address, with all other like empowered.

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5 4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

4.1 TITLE

4, 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

DELETE

☐ DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

*111/E* 

NAME

TITLE

NAME

NAME

mary Beth St. George

Vice President

☐ Change

Change

Change

Addition

Addition

☐ Addition

954-786-9333

Daytime Phone #