2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

.4695-49TH ST, N

ST PETE FL 33709

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

421090 DOCUMENT

1. Entity Name

4695-49TH ST N

ST PETE FL 33709

Principal Place of Business

2. Principal Place of Business

PEÑNINO, JOSEPH A. JR.

1529 DOUGLAS AVE **DUNEDIN FL 32698**

Suite, Apt. #, etc.

City & State

Zip

WILL'S STARTER /& ALTERNATOR SERVICE, INC.

Country

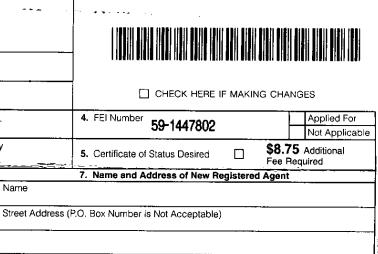
6. Name and Address of Current Registered Agent



FILED Feb 10, 2003 8:00 am Secretary of State

02-10-2003 90134 035 ***150 00

OUDWITTI



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.

Country

Name

City

Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

(NOTE: Registered Agent signature required when rainstating)

Election Campaign Financing Trust Fund Contribution.

DATE-_

\$5.00 May Be Added to Fees

Zip Code

10.	OFFICERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Delete PENNINO, JOSEPH A JR 1529 DOUGLAS AVE DUNEDIN FL 34698	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
STREET ADDRESS	ST PENNINO, WILMA K 1529 DOUGLAS AVE DUNEDIN FL 34698	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST=ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Detete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	, Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. Thereby 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

SIGNATURE: