

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

0455429 AV

05-02-2003 90261 012 \*\*\*150.00

**DOCUMENT # P00000028421**

1. Entity Name  
**BVMJ, INC.**



Principal Place of Business  
**ONE STOP AUTOMOTIVE REPAIR  
3602 N. FLORIDA AVENUE  
TAMPA FL 33602**

Mailing Address  
**2933 W. ARCH ST.  
TAMPA FL 33607**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3642349**

Applied For  
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

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**

**WEINSTEIN, IRA ESQ.  
3902 HENDERSON BLVD., SUITE 200  
TAMPA FL 33609**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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.

SIGNATURE *Barbara Ciccerello*

**4-28-03**  
DATE

Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **P**  Delete  
NAME **CICCERELLO, BARBARA**  
STREET ADDRESS **2933 W. ARCH STREET**  
CITY-ST-ZIP **TAMPA FL 33607**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP**  Delete  
NAME **CICCERELLO, VINCENT A**  
STREET ADDRESS **2933 W. ARCH STREET**  
CITY-ST-ZIP **TAMPA FL 33607**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 other like empowered.

SIGNATURE: *Barbara Ciccerello*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-28-03 813-221-1968**  
Date Daytime Phone #

CR2E034 (10/02)