

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90835 042 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000047658

1. Entity Name
PHIL'S AUTO REPAIR OF PINELLAS, INC.



Principal Place of Business
**3773 CENTRAL AVE, SUITE T-9470
ST PETERSBURG, FL 33713**

Mailing Address
**3773 CENTRAL AVE, SUITE T-9470
ST PETERSBURG, FL 33713**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
7200 PARK BLVD
Suite, Apt. #, etc.

3. Mailing Address
7200 PARK BLVD
Suite, Apt. #, etc.

City & State
PINELLAS PARK FL

City & State
PINELLAS PARK FL

4. FEI Number
59-3718839

Applied For
☐ Not Applicable

Zip
33781 Country
PINELLAS

Zip
33781 Country
PINELLAS

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PECORARO, PHILLIP J
7200 PARK BLVD
PINELLAS PARK, FL 33781**

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PECORARO, PHILLIP J
7200 PARK BLVD
PINELLAS PARK, FL 33781** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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: **PHILLIP J. PECORARO** **2-19-03** **727-544-1922**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)