

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

FILED
Feb 20, 1999 8:00 am
Secretary of State

02-20-1999 90003 040 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000062345					
1. Corporation Name BRIAN PESSOLANO AUTO REPAIR & SERVICE, INC.					
Principal Place of Business 2327 SE NORMAND ST STUART FL 34997			Mailing Address 2327 SE NORMAND ST STUART FL 34997		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/24/1994	
21		26		4. FEI Number 65-0513642	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No	
23		28			
Zip	Country	Zip	Country		
24		29			
25		30			
9. Name and Address of Current Registered Agent PESSOLANO, BRIAN 2327 SE NORMAND ST STUART FL 34997				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				FL	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D ☐ DELETE	1.1 TITLE ☐ Change ☐ Addition			
NAME	PEESOLANO, BRIAN	1.2 NAME			
STREET ADDRESS	130 SW BEACHWAY AVE	1.3 STREET ADDRESS			
CITY-ST-ZIP	PALM CITY FL	1.4 CITY-ST-ZIP			
TITLE	D ☐ DELETE	2.1 TITLE ☐ Change ☐ Addition			
NAME	PESSOLANO, JEAN M	2.2 NAME			
STREET ADDRESS	130 SW BEACHWAY AVE	2.3 STREET ADDRESS			
CITY-ST-ZIP	PALM CITY FL	2.4 CITY-ST-ZIP			
TITLE	☐ DELETE	3.1 TITLE ☐ Change ☐ Addition			
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4 CITY-ST-ZIP			
TITLE	☐ DELETE	4.1 TITLE ☐ Change ☐ Addition			
NAME		4.2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE	☐ DELETE	5.1 TITLE ☐ Change ☐ Addition			
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	☐ DELETE	6.1 TITLE ☐ Change ☐ Addition			
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		6.4 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-99 (561)-283-3470
Date Daytime Phone #

0515546

CR2E034 (11/98)