

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 356607

1. Entity Name

ROLLIN'S CADILLAC SERVICE, INC.

Principal Place of Business

Mailing Address

321 EIGHTEENTH AVENUE SOUTH
ST. PETERSBURG FL 33705

321 EIGHTEENTH AVENUE SOUTH
ST. PETERSBURG FL 33705

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1281795

Applied For

Not Applicable

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

ZELLNER, ROLLIN
7320 BURLINGTON AVE
ST PETERSBURG FL

Name ZELLNER DOLORES

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.

SIGNATURE

[Signature] PRES. Dolores E Zellner 3/9/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME	D ZELLNER, ROLLIN	<input type="checkbox"/> Delete
STREET ADDRESS	2133 COUNTRY CLUB CIR N	
CITY- ST- ZIP	ST PETERSBURG FL	
TITLE NAME	PD ZELLNER, GARY ROBERT	<input type="checkbox"/> Delete
STREET ADDRESS	3432 79TH STREET, NORTH	
CITY- ST- ZIP	ST PETERSBURG FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY- ST- ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY- ST- ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY- ST- ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY- ST- ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY- ST- ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY- ST- ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY- ST- ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY- ST- ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] GARY ZELLNER PRES 3/9/01 7278227274
Signature and typed or printed name of signing officer or director Date Daytime Phone #

FILED
Apr 11, 2001 8:00 am
Secretary of State

03-13-2001 90066 048 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)