

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90033 030 ***150.00

DOCUMENT # 462912

1. Entity Name

MAD HATTER MUFFLERS OF ST. PETERSBURG, INC.

Principal Place of Business

1017 PENINSULA AVENUE
 TARPON SPRINGS FL 34689
 US

Mailing Address

1017 PENINSULA AVENUE
 TARPON SPRINGS FL 34689-2125
 US

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

59-1643831

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRISBOIS, CAROL A
 1017 PENINSULA AVE
 TARPON SPRINGS FL 34689**

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.

SIGNATURE

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD	BRISBOIS, CAROL	<input type="checkbox"/>			<input type="checkbox"/>
STREET ADDRESS	1017 PENINSULA AVENUE		STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL		CITY-ST-ZIP		
STD	BRISBOIS, CAROL	<input type="checkbox"/>			<input type="checkbox"/>
STREET ADDRESS	1017 PENINSULA AVENUE		STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL		CITY-ST-ZIP		
V	AUSTIN, EUGENE P.	<input type="checkbox"/>			<input type="checkbox"/>
STREET ADDRESS	206 DRIFTWOOD DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL		CITY-ST-ZIP		
		<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>

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 an other like empowered.

SIGNATURE: *Philip G. Brisbois* **Philip G. BRISBOIS**

Date: **3/14/00**

Daytime Phone #: **727 9457510**

CF - 114 - 11/97