

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2003 8:00 am
Secretary of State

02-18-2003 90097 011 ***150.00

DOCUMENT # 583216

1. Entity Name
THE 3445 CAR STORE, INC.



Principal Place of Business

**3434 13TH AVENUE NORTH
ST PETERSBURG FL 33713
US**

Mailing Address

**P.O. BOX 60483
ST. PETERSBURG FL 33784
US**

2. Principal Place of Business

3445 34th ST. N

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. Petersburg, FL

City & State

ST. Petersburg, FL

Zip

33713

Country

Pinellas

Zip

33704

Country

US

4. FEI Number

59-1845056

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

FITZGIBBON, MAXINE

**4140 SHORE ACRES BLVD NE 1326 Snell Isle Blvd NE
ST. PETERSBURG FL 33703 33704 #1**

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	P	<input type="checkbox"/> Delete
NAME	BOND, HENRY ANTHONY	
STREET ADDRESS	1761 BRIGHTWATERS NE	
CITY-ST-ZIP	ST. PETERSBURG FL 33704	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BOND, CAROLYN	
STREET ADDRESS	1761 BRIGHTWATERS NE	
CITY-ST-ZIP	ST. PETERSBURG FL 33704	
TITLE	S	<input type="checkbox"/> Delete
NAME	FITZGIBBON, MAXINE	
STREET ADDRESS	1326 SNELL ISLE BLVD NE	
CITY-ST-ZIP	ST. PETERSBURG FL 33703 33704	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1326 Snell Isle Blvd NE	
CITY-ST-ZIP	ST. Petersburg, FL 33704	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Carroll J. Bond

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/03 727-328-8855

Date

Daytime Phone #

CR2E034 (10/02)