


# 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.

CHECK HERE IF MAKING CHANGES

City & State  
**St. Petersburg, FL**

City & State

Zip  
**33713** Country  
**Pinellas**

Zip Country

4. FEI Number **59-1845056** Applied For  
Not Applicable

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

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 <b>P</b>	<input type="checkbox"/> Delete
NAME <b>BOND, HENRY ANTHONY</b>	
STREET ADDRESS <b>1761 BRIGHTWATERS NE</b>	
CITY-ST-ZIP <b>ST. PETERSBURG FL 33704</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete
NAME <b>BOND, CAROLYN</b>	
STREET ADDRESS <b>1761 BRIGHTWATERS NE</b>	
CITY-ST-ZIP <b>ST. PETERSBURG FL 33704</b>	
TITLE <b>S</b>	<input type="checkbox"/> Delete
NAME <b>FITZGIBBON, MAXINE</b>	
STREET ADDRESS <b>1326 SNELL ISLE BLVD NE</b>	
CITY-ST-ZIP <b>ST. PETERSBURG FL 33703 33704</b>	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS <b>1326 Snell Isle Blvd NE</b>	
CITY-ST-ZIP <b>ST. Petersburg, FL 33704</b>	
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: *Carolyn Bond* **REQUIRED** **2/18/03** **727-328-8855**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)