

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000005307

1. Entity Name
PARDOS TRUCK SERVICE PARTS WAREHOUSE, INC.

Principal Place of Business

P.O. BOX 5380
 DEPTFORD NJ 08096

Mailing Address

P.O. BOX 5380
 DEPTFORD NJ 08096

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

22-2414571

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

EVANS, LAWRENCE
6681 33RD ST EAST
SARASOTA FL 34243-4124

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **CVDP** ☐ Delete
 NAME **PARDO, JOSEPH**
 STREET ADDRESS **630 WARD DR**
 CITY-ST-ZIP **DEPTFORD NJ 08096**

TITLE **VST** ☐ Delete
 NAME **PARDO, JOSEPH**
 STREET ADDRESS **630 WARD DR**
 CITY-ST-ZIP **DEPTFORD NJ 08096**

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

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TITLE ☐ Delete
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 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
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 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-16-02

Date

(856) 227-2330

Daytime Phone #

FILED
Jul 23, 2002 8:00 am
Secretary of State

06-11-2002 90402 020 ***150.00

07-23-2002 90339 046 ***558.75



DO NOT WRITE IN THIS SPACE

CR2E034 (4/02)