

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90284 038 ***150.00

DOCUMENT # F00000005596

1. Entity Name
B.O.A. AUTO SALES, INC.



Principal Place of Business
**10809 TURNE GROVE
FISHERS IN 46038**

Mailing Address
**7249 ULMERTON RD.
LARGO FL 33771**



2. Principal Place of Business

3. Mailing Address

3401 34th AVE NORTH 6515 CALAIS CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
ST PETERSBURG FL

City & State
INDIANAPOLIS IN

4. FEI Number **35-2109722**

Applied For
Not Applicable

Zip **33713**

Country

Zip **46220**

Country **USA**

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

**BERRY, THOMAS R
7249 ULMERTON ROAD
LARGO FL 33771**

Name **THOMAS R. BERRY**
Street Address (P.O. Box Number is Not Acceptable)

3401 34th AVE NORTH
City **ST PETERSBURG FL** Zip Code **33713**

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 **Thomas R Berry**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1/25/03**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PCD** ☐ Delete
NAME **O'BRIEN, KURT E**
STREET ADDRESS **10809 TURNE GROVE**
CITY-ST-ZIP **FISHERS IN 46038**

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

TITLE **VD** ☐ Delete
NAME **ALETTO, GARY**
STREET ADDRESS **2843 TOWNE DRIVE**
CITY-ST-ZIP **CARMEL IN 46032**

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

TITLE **STD** ☐ Delete
NAME **BERRY, THOMAS R**
STREET ADDRESS **6515 CALAIS CIRCLE**
CITY-ST-ZIP **INDIANAPOLIS IN 46220**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)