

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State
 05-10-2001 90126 043 ***158.75

0376662

DOCUMENT # F98000005784

1. Entity Name
TAMPA BAY BUICK, INC.

Principal Place of Business
**9400 US 19 NORTH
 PINELLAS PARK FL 33782**

Mailing Address
**9400 US 19 NORTH
 PINELLAS PARK FL 33782**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3536510**

Applied For
 Not Applicable

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

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

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, 2001 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

TITLE
 NAME **P LEO, ALBERT J** ☐ Delete
 STREET ADDRESS **4062 AUSTIN WAY**
 CITY-ST-ZIP **PALM HARBOR FL**

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

TITLE
 NAME **SD ANDERSON, LOWELL K** ☐ Delete
 STREET ADDRESS **5730 GLENRIDGE DRIVE**
 CITY-ST-ZIP **ATLANTA GA**

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

TITLE
 NAME **D STEFFES, WILLIAM J** ☐ Delete
 STREET ADDRESS **100 RENAISSANCE CENTER**
 CITY-ST-ZIP **DETROIT MI**

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

TITLE
 NAME **S OSTROMECK, NANCY A** ☐ Delete
 STREET ADDRESS **3230 -50TH AVE N**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33714**

TITLE
 NAME **OSTROMECKY, Nancy A.** ☒ Change ☐ Addition
 STREET ADDRESS **851 40th Ave N**
 CITY-ST-ZIP **ST. Petersburg FL 33703**

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

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:

Nancy Ostromecky
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nancy A. Ostromecky

Date

4/23/01 (727) *546-4671* x106
 Daytime Phone #

CR2E034 (10/00)