

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State
 05-07-2002 90212 032 ***158.75

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

4. FEI Number **59-3536510**

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

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.

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, 2002 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

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

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

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

TITLE **S** ☐ Delete
 NAME **OSTROMECKY, NANCY A**
 STREET ADDRESS **851 40TH AVENUE NORTH**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33703**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **D** ☐ Change ☒ Addition
 NAME **MURDOCK, STEVEN E**
 STREET ADDRESS **5730 GLENRIDGE DR**
 CITY-ST-ZIP **ATLANTA GA 30328**

TITLE **D** ☐ Change ☒ Addition
 NAME **JONES, STEVEN D**
 STREET ADDRESS **11315 Corp Blvd Suite 219**
 CITY-ST-ZIP **Orlando, FL 32814**

TITLE ☒ Change ☐ Addition
 NAME **OSTROMECKY, NANCY A.**
 STREET ADDRESS **5980 35TH AVE N.**
 CITY-ST-ZIP **ST PETERSBURG FL 33710**

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

TITLE ☐ Change ☐ Addition
 NAME
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)