

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90037 043 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # H36019			
1. Entity Name DATTILO'S AUTO, INC.			
Principal Place of Business 5930 GARNER STREET NORTH ST. PETERSBURG, FL 33714		Mailing Address 5928 GARNER STREET NORTH ST. PETERSBURG, FL 33714	
2. Principal Place of Business 4853 62nd Ave N		3. Mailing Address 4853 62nd Ave N	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City/State Pinellas Park FL		City/State Pinellas Park FL	
Zip 33781		Zip 33781	
County Pinellas		County Pinellas	
4. FEI Number 59-2479844		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent DATTILO, JOSEPH A. 9853 62ND AVENUE PINELLAS PARK, FL 33781		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4853 62nd Ave North City Pinellas Park FL Zip Code 33781	
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 _____ (NOTE: Registered Agent's signature required when resigning) DATE _____			
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 NAME STREET ADDRESS CITY-ST-ZIP	P DATTILO, JOSEPH A 9853 62ND AVENUE PINELLAS PARK, FL 33781 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Joseph A. Dattilo ☐ Change ☐ Addition 4853 62nd Ave North Pinellas Park, FL 33781
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DATTILO, JOSEPH 9853 62ND AVENUE PINELLAS PARK, FL 33781 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Joseph Dattilo, Jr ☐ Change ☐ Addition 4853 62nd Ave North Pinellas Park FL 33781
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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/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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 5-28-03 Daytime Phone #	