

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

DOCUMENT # **H49284**

1. Entity Name
Certified SPRING, Brake & Steering
7017 ADAMO DR
TAMPA, FL 33619

FILED

02 JUL 30 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
200006917562--6
-08/06/02--01051--003
*****61.25 *****61.25

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7017 ADAMO DR

3. Mailing Address
7017 ADAMO DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
TAMPA, FL

City & State
TAMPA, FL

Zip
33619

Country
USA

Zip
33619

Country
USA

4. FEI Number
59-2511889

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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7. Name and Address of Current Registered Agent

Name
Richard D. KERNs

Street Address (P.O. Box Number is Not Acceptable)
1903 JETTON AVE - # 4

City
TAMPA **FL** Zip Code
33606

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 *Anthony P. Maggio*

Signature of registered agent or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

7/23/02
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
KERNs, RICHARD
1903 JETTON AVE #4
TAMPA, FL 33606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SUTHERLAND, Robert
2116 PLANTINUM DR
SUN CITY, CENTER FL

☒ **Delete**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
(This Amendment is to remove)
Robert Sutherland

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Anthony P. Maggio*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/23/02 *813623-3571*
Date Daytime Phone #

CR2E034B (12/01)