

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90097 017 ***150.00

DOCUMENT # J97135

1. Entity Name
NEPTUNE MOTORS OF PINELLAS COUNTY, INC.

Principal Place of Business 6805 ULMERTON ROAD LARGO FL 33771 US	Mailing Address 6805 ULMERTON ROAD LARGO FL 33771 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2848017** 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

IZZOLO, JAMES F
6805 ULMERTON ROAD
LARGO FL 33771

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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 \$650.00~~
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	D <input type="checkbox"/> Delete
NAME	IZZOLO, JAMES F
STREET ADDRESS	13274 92ND ST. NORTH
CITY-ST-ZIP	LARGO FL
TITLE	D <input type="checkbox"/> Delete
NAME	John Izzolo
STREET ADDRESS	827-B-EAST GULF Blvd.
CITY-ST-ZIP	Indian Rocks Bch FL 33785
TITLE	D <input type="checkbox"/> Delete
NAME	Joseph Izzolo
STREET ADDRESS	535 LOIS LANE
CITY-ST-ZIP	Belleair Bluffs FL 33770
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Director - V.P.
STREET ADDRESS	John Izzolo
CITY-ST-ZIP	827-B-EAST GULF Blvd.
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Director - Sec. Treasurer
STREET ADDRESS	Joseph Izzolo
CITY-ST-ZIP	535 LOIS LANE
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: John Izzolo **John Izzolo** Date: 2-12-01 (727) 507-0800
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)