2002 Uniform Business Report (UBR)

SIGNATURE:

DOCUMENT # J97135 1. Entity Name NEPTUNE MOTORS OF PINELLAS COUNTY, INC.				Secretary of State 04-08-2002 90075 035 ***163.75				
Principal Place of Business 6805 ULMERTON ROAD LARGO FL 33771 US		Mailing Address 6805 ULMERTON ROAD LARGO FL 33771 US						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. FEI Number 59-284801	7 —	pplied For ot Applicable		
Zip	Country	Zip	Country	÷	5. Certificate of Status Desired	_/ \$9.75 Adv	ditional	
	6. Name and Address of Current I	Registered Agent	· ·		.7Name and Address of New	Registered Agent		
IZZOLO, JAMES F				Name JOHN IZZOLO				
	ERTON ROAD	Street Address (P.O. Box Number is Not Accepta	BINT.			
LARGO FI		India		NROCKS Beach FL				
	-	•	City		4	FL Zip Cod	785	
8. The above named entity submits this statement for the ourpose of changing its registered office or registered agent or both, in the State of Fibrida.								
SIGNATURE Signature, type (I or printly name of registered serint a build applicate (NOTE: Registered Agent signature required when reinstation) DATE								
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW! After May 1, 20 Make Check Payat				\$550.00 ·	10. Election Campaign I Trust Fund Contribu	++.+	0 May Be I to Fees	
11.	OFFICERS AND I	• • •	12.		ADDITIONS/CHANGES TO O	······	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IZZOLO, JAMES F 13274 92ND ST. NORTH LARGO FL	Ŭ Delete	NAME STREET ADDRE CITY-ST-ZIP	80 9 82	OLO, JAMES F. POINCIANA LA 360 FL 33771	© Change ○	► Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP IZZOLO, JOHN 827-B EAST GULF BLVD INDIAN ROCKS BEACH FL 33785	☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	SS 827 IND	OLO, JOHN B. EAST GULF B NAN ROCKS BEACH	FL 33785	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	DST IZZOLO, JOSEPH 535 LOIS LANE BELLEAIR BLUFFS FL 33770	Delete Pro	NAME STREET ADDRE CITY-ST-ZIP	X 7 7 7 5 5 3 5 5 3 5	POLO, Joseph LOIS LANE LEAIR BLUFFS		→ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		C Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	SS		☐ Change	Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRE	ss		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	ss .		☐ Change	Addition	
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address, w	true and accurate and that m wered to execute this report a	ly signature sha	all have the s	ame legal effect as if made unde	r oath; that I am an officer	or director	