## 2003 FOR PROFIT CORPORATION

## **UNIFORM BUSINESS REPORT (UBR)** J97135

DOCUMENT #

1. Entity Name

NEPTUNE MOTO	RS OF PINELLA	AS COUNTY, INC.		
Principal Place of Business 6805 ULMERTON ROAD LARGO FL 33771 US		Mailing Address 6905 ULMERTON RO LARGO FL 33771 US	DAD	
2. Principal Place of Bus		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		4. FE
Zip Country		Zip	Country	<b>5.</b> Ce
6. Nam	e and Address of Cu	rrent Registered Agent		7. Na
	Name	Name		
IZZOLO, JOHN 827-B EAST GULF E INDIAN ROCKS BEA	Street Add	Street Address (P.O. Bo		
INDIAN NOONS DEA	ON PL 33/63		City	. <u>.                                   </u>
8. The above named ent		ent for the purpose of chang	ing its registered office or re	egistered ager

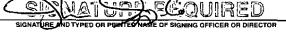
**FILED** May 01, 2003 8:00 am Secretary of State

05-01-2003 90148 005 \*\*\*158.75

6805 ULMERTO LARGO FL 337 US											
2. Principal Place of Business 3.			. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State City & State			& State				59-2848017	/	<del></del>	pplied For of Applicable	
Zip	Country	Zip	Zip Count			5. (	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					
					Name						
IZZOLO, JOHN				H	Street Address (P.O. Box Number is Not Acceptable)						
827-B EAS	ST GULF BLVD			J	Olieel A		ox Number is Not Acceptable)			. ]	
INDIAN RO	OCKS BEACH FL 33785				_						
									Latin		
					City			FL	Zip Code	e	
	ions of registered agent.						ent, or both, in the State of Florid		niliar with,	and accept	
	Signature, typed or printed name of regist	tered agent and title if app	olicable. (NOTE	E: Registered A	gent signatu	re required when re	instating)	DATE			
F	ILE-NOWIIL FEE IS \$150	.00			<del>-</del>		A 51 Kin Committee 5			```	
After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State						9 Election Gampaign Finand Trust Fund Contribution.	eing 🗆	Added	O May Be		
10.		RS AND DIRECTO		11.		AD	DITIONS/CHANGES TO OFFICE	RS AND D	IRECTORS	3 IN 11.	
TITLE	DS		Delete	TITLE				[	Change -	■ Addition	
NAME	IZZOLO, JAMES F			NAME							
	208 POINCIANA LANE LARGO FL 33770				ADDRESS					-	
CITY-ST-ZIP		·		CITY-S	I-ZiP						
TITLE	DPT COUNTY		Delete	TITLE				[	Change	☐ Addition {	
	IZZOLO, JOHN 827 B EAST GULF BLVD			NAME	ADDDT00					}	
	INDIAN ROCKS BEACH FI	33785		CITY-S	ADDRESS				•	{·	
	DVP	5 00100			-20	D VP	<del>~</del> —	-	7.05	Grade Contra	
title Name	IZZOLO, JOSEPH		Delete	TITLE		T 220	To Joseph Lois LANE	ί	Change	Addition	
	535 LOIS LANE				ADDRESS	236	Lois LANE				
	BELLEAIR BLUFFS FL 337	770		CITY-S		Belle	AIR Bluffs FL 3	3770	,	ļ	
TITLE			Delete	TITLE					☐ Change	Addition	
NAME .			C) Déléte	NAME							
STREET ADDRESS				STREET	ADDRESS					1	
CITY-ST-ZIP			. ~ 2	CITY-S	r-zip					ĺ	
TITLE			Delete	TITLE	_				Change	Addition ■	
NAME				NAME							
STREET ADDRESS				STREET	ADDRESS						
CITY-ST-ZIP				CITY-S	T-ZIP						
TITLE			☐ Delete	TITLE				[	_ Change	☐ Addition	
NAME				NAME	-						
STREET ADDRESS					ADDRESS					Į	
CITY-ST-ZIP			<del></del>	CITY-SI	r-zip						

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:



727)507-0800