

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

DOCUMENT # **K43898**

1. Entity Name
NATIONAL CYLINDER HEAD EXCHANGE OF TAMPA, INC.



01-24-2003 90236 001 *****8.75
01-24-2003 90236 002 ***150.00

Principal Place of Business
**% CHARLES M. LANTRY JR
4408 NORTH THATCHER AVE
TAMPA FL 33614**

Mailing Address
**% CHARLES M. LANTRY JR
4408 NORTH THATCHER AVE
TAMPA FL 33614**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2919190**

Applied For
Not Applicable

Zip Country

Zip Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LANTRY, CHARLES M. JR
4408 NORTH THATCHER AVE.
TAMPA FL FL 33614**

Name **GINN, KELLY J.**
Street Address (P.O. Box Number is Not Acceptable)
4408 NORTH THATCHER AVE.
City **TAMPA** FL Zip Code **33614**

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 *Kelly J. Ginn* **Kelly J. Ginn P.D.** **1-20-03**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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	Delete
PD	LANTRY, CHARLES M.	4408 NORTH THATCHER AVE	TAMPA FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P/D	GINN, KELLY J.	4408 NORTH THATCHER AVE	TAMPA, FL. 33614	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V/C	MONTEITH, ROY K.	4408 NORTH THATCHER AVE	TAMPA, FL. 33614	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 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: *Kelly J. Ginn* **Kelly J. Ginn** **1-20-03** **(813) 870-6340**
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)