

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K48215

1. Entity Name
STEVE'S MOTOR CARS, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90401 009 ***150.00

Principal Place of Business
11522 SEMINOLE BLVD
LARGO FL 33778
US

Mailing Address
11522 SEMINOLE BLVD
LARGO FL 33778
US

00056844



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3225 Tyrone Blvd
Suite, Apt. #, etc.

3. Mailing Address
16351 Redington Dr
Suite, Apt. #, etc.

City & State
St. Petersburg, FL
Zip
33710
Country
USA

City & State
Redington Beach, FL
Zip
33708
Country
USA

4. FEI Number 59-2909664
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

ALCORN, STEVEN D.
16301 REDINGTON DRIVE
SAINT PETERSBURG FL 33708

Name
Street Address (P.O. Box Number is Not Acceptable)
16351 Redington Dr
City
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 \$550.00
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 NAME STREET ADDRESS CITY-ST-ZIP	DPV ALCORN, STEVEN D. 16351 REDINGTON DRIVE SAINT PETERSBURG FL 33708	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ALCORN, DEBORAH K 16351 REDDINGTON DRIVE SAINT PETERSBURG FL 33708	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Steven D. Alcorn Steven D. Alcorn Pres. 4-23-01 727-348-7179
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)