

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90152 005 ***150.00

DOCUMENT # L78475

1. Entity Name

GEORGE & SONS CAR CARE CENTER, M.S.H., INC.



Principal Place of Business

**7603 46TH AVENUE NORTH
ST. PETERSBURG FL 33709
US**

Mailing Address

**7603 46TH AVENUE NORTH
ST. PETERSBURG FL 33709
US**

2. Principal Place of Business

8201 46th AVENUE N.

3. Mailing Address

8201 46th AVE N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. PETERSBURG FL

City & State

ST. PETERSBURG FL

Zip

Country

33709-4111 U.S.A.

Zip

Country

33709-4111 U.S.A.

4. FEI Number

59-3025551

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MARTIN, GEORGE

**7603 46TH AVENUE NORTH
SAINT PETERSBURG FL 33709**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

8201 46th AVE NORTH

City

ST. PETERSBURG FL

Zip Code

33709-4111

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

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MARTIN, GEORGE D.**
CITY-ST-ZIP **7603 46TH AVENUE NORTH
SAINT PETERSBURG FL 33709**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MARTIN, DEBRA E.**
CITY-ST-ZIP **7603 46TH AVENUE NORTH
SAINT PETERSBURG FL 33709**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **8201 46th AVE NORTH**
CITY-ST-ZIP **33709-4111**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **8201 46th AVE NORTH**
CITY-ST-ZIP **33709-4111**

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

George D. Martin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-03

727-545-3460

Date Daytime Phone #

CR2E034 (10/02)