## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # M93881 Jan 20, 2000 8:00 am 1. Entity Name **Secretary of State** LEONARD'S CARBURETOR & AUTO REPAIR, INC. 01-20-2000 90168 014 \*\*\*150.00 Mailing Address Principal Place of Business C/O LEONARD MARMINO C/O LEONARD MARMINO 710 CLAYTON STREET 120 S MONTCLAIR BRANDON FL 33511-5420 **BRANDON FL 33511** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2902596 Not Applicable Country \$8.75 Additional Country\_ Zip. Certificate of Status Desired \_\_\_\_ Fee Required-6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARMINO, LEONARD Street Address (P.O. Box Number is Not Acceptable) 710 CLAYTON STREET **BRANDON FL 33511** 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. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition ☐ Delete TITLE TITLE MARMINO, LEONARD NAME NAME STREET ADDRESS STREET ADDRESS 710 CLAYTON ST. CITY-ST-ZIP CITY-ST-ZIP **BRANDON FL** ☐ Change ☐ Addition Delete TITLE MARMINO, BRENDA NAME STREET ADDRESS 710 CLAYTON ST. STREET ADDRESS CITY-SI-ZIP CITY\_ST-219 BRANDON FL ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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:

1/12/00

813-681-9263

Daytime Phone #