

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90051 041 ***150.00

DOCUMENT # M93881

1. Entity Name

LEONARD'S CARBURETOR & AUTO REPAIR, INC.

Principal Place of Business

Mailing Address

C/O LEONARD MARMINO
 120 S MONTCLAIR
 BRANDON FL 33511
 US

C/O LEONARD MARMINO
 710 CLAYTON STREET
 BRANDON FL 33511

718810



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

710 CLAYTON ST.
 Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
BRANDON FL.

City & State

4. FEI Number **59-2902596**

Applied For

Not Applicable

Zip
33511

Country
US

Zip

Country

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

MARMINO, LEONARD
710 CLAYTON STREET
BRANDON FL 33511

Name

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 **PD** ☐ Delete
 NAME **MARMINO, LEONARD**
 STREET ADDRESS **710 CLAYTON ST.**
 CITY-ST-ZIP **BRANDON FL**

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

TITLE **VD** ☐ Delete
 NAME **MARMINO, BRENDA**
 STREET ADDRESS **710 CLAYTON ST.**
 CITY-ST-ZIP **BRANDON FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 NAME
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 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: **Leonard J. Marmino** **LEONARD J. MARMINO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/00

Date

813-681-9263

Daytime Phone #

CR2E034 (10/00)