FILED

## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Jan 29, 2002 8:00 am Secretary of State DOCUMENT # M93881 1. Entity Name 01-29-2002 90029 012 \*\*\*150.00 LEONARD'S CARBURETOR & AUTO REPAIR, INC. Principal Place of Business Mailing Address C/O LEONARD MARMINO C/O LEONARD MARMINO 80012039 710 CLAYTON STREET 710 CLAYTON STREET **BRANDON FL 33511** BRANDON FL 33511 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2902596 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required\_ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARMINO, LEONARD Street Address (P.O. Box Number is Not Acceptable) 710 CLAYTON STREET BRANDON FL 33511 City Zip Code Fl 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) 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, 2002 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Addition Change MARMINO, LEONARD NAME NAME STREET ADDRESS 710 CLAYTON ST. STREET ADDRESS **BRANDON FL** CITY-ST-ZIP CITY-ST-7IP TITLE □ Delete TITLE ☐ Addition MARMINO, BRENDA NAME NAME STREET ADDRESS 710 CLAYTON ST. STREET ADDRESS CITY-ST-ZIP Brandon FL CITY-ST-ZIP Change ~~ TAddition Detete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 attackment with an address, with all other like empowered.

SIGNATURE Lona