

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90033 034 ***155.00

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1. Entity Name

CAS AUTOMOTIVE SERVICE, INC.

Principal Place of Business Mailing Address

1136 B E.Fletcher ave.
 Tampa Florida 33612

2. Principal Place of Business
 same

3. Mailing Address
 same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
 59-3647296

Applied For
 Not Applicable

Zip Country

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

Carlos A. Sgroi
 6215 N. Clark Ave.
 Tampa Florida 33614

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 **President and Treasurer** Delete
 NAME Carlos A. Sgroi
 STREET ADDRESS 6215 N. Clark Ave.
 CITY-ST-ZIP Tampa Fla. 33614

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **Maria F. Silva Padron** Delete
 NAME V. President
 STREET ADDRESS 6215 N. Clark Ave.
 CITY-ST-ZIP Tampa Fla. 33614

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **Lucinda Hudgins** Delete
 NAME Secretary
 STREET ADDRESS 5815 N. 18St.
 CITY-ST-ZIP Tampa Fla. 33610

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
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 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 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:  Carlos A. Sgroi Date 02-22-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

A0033417

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)