

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90151 001 ***150.00

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DOCUMENT # P00000057329

1. Entity Name
TNT AUTO SALES & SERVICE INC.



Principal Place of Business

~~601 TANGERINE DR.~~
~~OLDSMAR FL 34677~~

Mailing Address

~~601 TANGERINE DR.~~
~~OLDSMAR FL 34677~~

2. Principal Place of Business

1667 S MISSOURI AVE
Suite, Apt. #, etc.

3. Mailing Address

1667 S. MISSOURI AVE
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
CLEARWATER, FL 33756

Zip
33756

Country
USA

City & State
CLEARWATER, FL 33756

Zip
33756

Country
USA

4. FEI Number
59-3648814

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~DUNNE, THOMAS J.~~
~~601 TANGERINE DR.~~
~~OLDSMAR FL 34677~~

7. Name and Address of New Registered Agent

Name
TOM ZIMMERMAN
Street Address (P.O. Box Number is Not Acceptable)
1667 S. MISSOURI AVE
City
CLEARWATER FL Zip Code
33756

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 *Thomas C. Zimmerman*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-23-03
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 ~~D~~ ☒ Delete
NAME ~~DUNNE, THOMAS~~
STREET ADDRESS ~~601 TANGERINE DR.~~
CITY-ST-ZIP ~~OLDSMAR FL 34677~~

TITLE D ☐ Delete
NAME ZIMMERMAN, TOM
STREET ADDRESS 601 TANGERINE DR.
CITY-ST-ZIP OLDSMAR FL 34677

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
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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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: *Thomas C. Zimmerman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-03

Date

Daytime Phone #

CR2E034 (10/02)