

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90017 021 ***150.00

DOCUMENT # P00000059732

1. Entity Name
MPG AUTO MART INC.

Principal Place of Business 1019 W. MARTIN LUTHER KING BLVD. SEFFNER FL 33584	Mailing Address 1019 W. MARTIN LUTHER KING BLVD. SEFFNER FL 33584
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643780



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5461 HWY 579	3. Mailing Address SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State SEFFNER	City & State	4. FEI Number 59-3650843	Applied For <input type="checkbox"/> Not Applicable
Zip 33584	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
PASEK, MICHAEL D 4851 85TH AVE. PINELLAS PARK FL 33781	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	D GORENC, MARJANCA 1019 W. MARTIN LUTHER KING BLVD. SEFFNER FL 33584	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5461 HWY 579 SEFFNER, FL 33584
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORENC, PETER 1019 W. MARTIN LUTHER KING BLVD. SEFFNER FL 33584	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5461 HWY 579 SEFFNER, FL 33584
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Marjanca Gorenc* **MARJANCA GORENC, PRES.** **3/20/01** **813-655-5933**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)