

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 10, 2002 8:00 am**  
**Secretary of State**

02-10-2002 90010 019 \*\*\*150.00

DOCUMENT # P00000059732

1. Entity Name

MPG AUTO MART INC.

PLEASE  
CORRECT  
ADDRESS!

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

5461 HWY 579

Suite, Apt. #, etc.

3. Mailing Address

5461 HWY 579

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
SEFFNER, FLORIDA

City & State  
SEFFNER, FLORIDA

4. FEI Number

59-3650843

Applied for  
Not Applicable

Zip  
33584

Country  
USA

Zip  
33584

Country  
USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

MARJANCA GORENC

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

5461 HWY 579

City

SEFFNER

FL

Zip Code  
33584

**DO NOT WRITE  
IN THIS SPACE**

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

*Marjanca Gorenc*

1/18/2002

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) ☐

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
MARJANCA GORENC  
5461 HWY 579  
SEFFNER, FLORIDA, 33584

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VICE PRESIDENT  
PETER GORENC  
5461 HWY 579  
SEFFNER, FLORIDA 33584

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Marjanca Gorenc* 1/18/2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)