

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90189 022 ***150.00

DOCUMENT # P00000066227

1. Entity Name
PCW DISCOUNT MUFFLERS, INC.

Principal Place of Business
**10395 56TH STREET NORTH
 PINELLAS PARK FL 33782**

Mailing Address
**10395 56TH STREET NORTH
 PINELLAS PARK FL 33782**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

31475 US HWY 19N
 Suite, Apt. #, etc.

3. Mailing Address

31475 US HWY 19N
 Suite, Apt. #, etc.

City & State
PALM HARBOR FL

Zip
34684

City & State
FL PALM HARBOR FL

Zip
34684

4. FEI Number
59-3657155

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MOORE, STEVEN W
 C/O STEVEN W. MOORE, P.A.
 2240 BELLEAIR ROAD STE 100
 CLEARWATER FL 33782**

7. Name and Address of New Registered Agent

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 *Peter Wardle*

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

TITLE **D** ☐ Delete
 NAME **WARDLE, PETER C**
 STREET ADDRESS **10395 56TH STREET NORTH**
 CITY-ST-ZIP **PINELLAS PARK FL 33782**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)