

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 JUN 23 AM 8:38

DOCUMENT # P0000098240

1. Entity Name
OLD CAR HEAVEN, INC.



SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
10660 75TH STREET, UNIT A
LARGO, FL 33777

Mailing Address
10500 ULMERTON ROAD
SUITE 726-303
LARGO, FL 33771

2. Principal Place of Business
10660 75th St., Unit A
Suite, Apt. #, etc.

3. Mailing Address
6410 Fourth Palm Point
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
Largo, FL
Zip
33777

Country
USA

City & State
St. Pete Beach, FL
Zip
33706

Country
USA

4. FEI Number
59-3676891

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MORGAN, DEBORA D
10500 ULMERTON ROAD
SUITE 726-303
LARGO, FL 33771

7. Name and Address of New Registered Agent

Name
Mary Beth Shine
Street Address (P.O. Box Number is Not Acceptable)
6410 Fourth Palm Point
City
St. Pete Beach, FL Zip Code
33706

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

Mary Beth Shine

6/19/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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	PD	<input type="checkbox"/> Delete
NAME	KRUPKIN, MARTIN E	
STREET ADDRESS	10500 ULMERTON ROAD, SUITE 726-303	
CITY-ST-ZIP	LARGO, FL 33771	
TITLE	VSTD	<input checked="" type="checkbox"/> Delete
NAME	MORGAN, DEBORA D	
STREET ADDRESS	10500 ULMERTON ROAD, SUITE 726-303	
CITY-ST-ZIP	LARGO, FL 33771	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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06/23/03--01100--004 **550.00

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:

Martin E. Krupkin

6/19/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

2/6/24