

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2001 8:00 am**  
**Secretary of State**

05-21-2001 90354 026 \*\*\*150.00

DOCUMENT # P00000102398

1. Entity Name

**Autoland Management, Inc**

Principal Place of Business

**5226 Gunn Hwy  
Tampa, FL 33624**

Mailing Address

**10020 Gunn Hwy  
Odessa, FL  
33556**

2. Principal Place of Business

**5226 Gunn Hwy**

3. Mailing Address

**10020 Gunn Hwy**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Tampa, FL**

City & State

**Odessa, FL Hillsborough**

Zip

Country

**33624 Hillsborough**

Zip

Country

**33556 33556**

4. FEI Number

☒ Applied For

☐ Not Applicable

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **President**  
STREET ADDRESS **Stephen Puttonen**  
CITY-ST-ZIP **10020 Gunn Hwy  
Odessa, FL 33556**

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

TITLE ☒ Delete  
NAME **Vice President**  
STREET ADDRESS **Dario Lee**  
CITY-ST-ZIP **4636 Glenbrook Ln  
Palm Harbor, FL 34684**

TITLE ☐ Change ☒ Addition  
NAME **Vice President**  
STREET ADDRESS **Bessie Loscalzo**  
CITY-ST-ZIP **1507 Alder Way  
Brandon, FL 33510**

TITLE ☒ Delete  
NAME **Director**  
STREET ADDRESS **Tim Nguyen**  
CITY-ST-ZIP **8105 Montrock Ct  
New Port Richey, FL 34655**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-01

Date

813-493-1531

Daytime Phone #

CR2E034 (11/00)