

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
 05-06-2002 90074 009 ***150.00

DOCUMENT # P00000108322

1. Entity Name
T & J'S MOTORS, INC.

Principal Place of Business
4901 48TH AVENUE NORTH
SAINT PETERSBURG FL 33709

Mailing Address
2656 PEBBLE BEACH
CLEARWATER FL 33761



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4901 48th Ave N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Saint Petersburg FL

4. FEI Number 59-3690131

Applied For
 Not Applicable

Zip

Country

Zip

Country

33709 USA

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name Joseph Bucaro

Street Address (P.O. Box Number is Not Acceptable) 4901 48th Ave N.

City Saint Petersburg FL Zip Code 33709

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, 2002 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 PTD
NAME BUCARO, JOSEPH
STREET ADDRESS 4901 48TH AVENUE NORTH
CITY-ST-ZIP SAINT PETERSBURG FL 33709 ☐ Delete

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

TITLE S
NAME BUCARO, RENATE
STREET ADDRESS 4901 48TH AVENUE NORTH
CITY-ST-ZIP SAINT PETERSBURG FL 33709 ☒ Delete

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Joseph Bucaro (751) 2049438 Joseph Bucaro President 4/29/02

CR2E034 (9/01)