

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000116048

1. Entity Name

PREFERRED AUTOMOTIVE SPECIALTIES, INC.

Principal Place of Business

Mailing Address

13927 BRIARDALE LANE
TAMPA FL 33618

13927 BRIARDALE LANE
TAMPA FL 33618

2. Principal Place of Business

13116 N. FLORIDA AVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

Zip

Country

33612

USA

Zip

Country

4. FEI Number

59-3684682

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

GONZALEZ, ISAAC L JR.
13927 BRIARDALE LANE
TAMPA FL 33618

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

TITLE	P	<input type="checkbox"/> Delete
NAME	GONZALEZ, ISAAC L JR.	
STREET ADDRESS	13927 BRIARDALE LANE	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	V	<input type="checkbox"/> Delete
NAME	DAVIS, CHRISTOPHER J	
STREET ADDRESS	501 SOUTH ALEXANDER STREET	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	V	<input type="checkbox"/> Delete
NAME	KLINE, REGINA D	
STREET ADDRESS	501 SOUTH ALEXANDER STREET	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	T	<input type="checkbox"/> Delete
NAME	PELAEZ, GEORGE L	
STREET ADDRESS	12923 OAK SHADOWS PLACE	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	S	<input type="checkbox"/> Delete
NAME	GONZALEZ, LISETTE S	
STREET ADDRESS	13927 BRIARDALE LANE	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

PRESIDENT

4/25/2001

87/220-8676

Daytime Phone #

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

05-21-2001 90366 020 ***150.00

709210



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)