

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2002 8:00 am
Secretary of State

01-21-2002 90024 013 ***150.00

0450675 AV

DOCUMENT # P01000004781

1. Entity Name

PARK BLVD. CAR COMPANY, INC.

Principal Place of Business

**5701 LEELAND ST S
 ST PETERSBURG FL 33715**

Mailing Address

**5701 LEELAND ST S
 ST PETERSBURG FL 33715**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7498 PARK BLVD

3. Mailing Address

BOX 66219

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pinellas Park

City & State

ST PETE FL

4. FEI Number

59-3691382

Applied For

Not Applicable

Zip

33781

Country

Pinellas

Zip

33736

Country

Pinellas

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KOESTER, WERNER W

5701 LEELAND ST S

ST PETERSBURG FL 33715

7. Name and Address of New Registered Agent

Name

KOESTER, W. W.

Street Address (P.O. Box Number is Not Acceptable)

150 Second AVE NO. SUITE 790

City

ST PETE

FL

Zip Code

33701

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

NW KOESTER

[Signature]

1-10-02

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

TITLE **D** ☐ Delete
 NAME **KOESTER, WERNER W**
 STREET ADDRESS **5701 LEELAND ST S**
 CITY-ST-ZIP **ST PETERSBURG FL 33715**

TITLE **D** ☐ Delete
 NAME **SCADRON, SCOTT**
 STREET ADDRESS **5701 LEELAND ST S**
 CITY-ST-ZIP **ST PETERSBURG FL 33715**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **BOX 66219**
 CITY-ST-ZIP **ST PETE FL 33701**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **BOX 66219**
 CITY-ST-ZIP **ST PETE FL 33701**

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

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

TITLE ☐ Change ☐ Addition
 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-02

Date

727.896-4500

Daytime Phone #

CR2E034 (9/01)