

AMENDED

FOR PROFIT CORPORATION

FILED

AMENDED **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000004781

1. Entity Name

PARK BLVD. CAR COMPANY, INC.

02 SEP 26 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

400008063804--2
-09/27/02--01021--010
*****61.25 *****61.25

2. Principal Place of Business
7498 Park Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Post Office Box 66219

City & State
Pinellas Park, FL

City & State
St. Petersburg, FL

4. FEI Number
59-3691382

Applied For
Not Applicable

Zip
33781

Country
USA

Zip
33715

Country

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

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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Werner W. Koester

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

700 Central Avenue, Suite 408

City
St. Petersburg

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

[Signature]

W W KOESTER

9-20-02

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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
NAME
D/S/T
Koester, Werner W.
STREET ADDRESS
CITY-ST-ZIP
P.O. Box 66219, St. Petersburg, FL
33701

TITLE
NAME
D/P
Azzi, Paul
STREET ADDRESS
CITY-ST-ZIP
P.O. Box 66219, St. Petersburg, FL
33701

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

9/20/02

Date

Daytime Phone #

CR2E034B (12/01)

23 9/26/02