

SECOND AMENDED
**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 OCT 28 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO1000004781**

1. Entity Name

PARK BLVD. CAR COMPANY

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7498 Park Blvd.

3. Mailing Address
P.O. Box 66219

Suite, Apt. #, etc.
N/A

Suite, Apt. #, etc.
N/A

City & State
Pinellas Park, FL

City & State
St. Pete Beach, FL

Zip
33781

Country
U.S.A.

Zip
33736

Country
U.S.A.

4. FEI Number
59-3691382

Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

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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

City **St. Petersburg, FL**

FL Zip Code
33715

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) ☐

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
STREET ADDRESS
CITY- ST- ZIP
**D/S/T - Koester, Werner W.
P.O. Box 66219
St. Pete Beach, FL 33736**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**000008664340
10/29/02--01060--015 **61.25**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D/P - Azzi, Debra Sue
P.O. Box 66219
St. Pete Beach, FL 33736**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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**DO NOT WRITE
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 and authority like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

BRONSTEIN, CARLSON, GLEIM & SMITH, P.A.

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Board Certified in Tax Law

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Writer's E-Mail Address:

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Refer to File No.

004322/20011003

Writer's Direct Dial No.

(727) 898-6690

October 24, 2002

Florida Department of State
Corporations Section
P. O. Box 6327
409 East Gaines Street
Tallahassee, FL 32301

RE: Park Blvd. Car Company, Inc. (Document #P01000004781)
Second Amended Uniform Business Report (UBR)

Dear Sir or Madam:

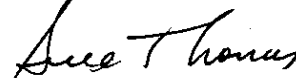
XXXXX

On behalf of the referenced corporation, I enclose an original and duplicate copy of the Second Amended Uniform Business Report for the above referenced corporation, along with our client's check in the amount of \$61.25 representing the filing fee.

Please acknowledge receipt and filing of this report by stamping the extra copy and returning same to the undersigned.

If you have any questions regarding this document or require further assistance before it can be filed, please contact the undersigned by telephone.

Very truly yours,



Sue Thomas

Paralegal to

Joel D. Bronstein

ST/lr
Encs.