

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90822 042 ***150.00

DOCUMENT # P01000004781

1. Entity Name
PARK BLVD. CAR COMPANY, INC.



Principal Place of Business
**7498 PARK BLVD
PINELLAS PARK FL 33781**

Mailing Address
**5701 LEELEND ST S
PO BOX 66219
ST PETERSBURG FL 33715**

2. Principal Place of Business

3. Mailing Address

Box 66219

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST PETER Bch

4. FEI Number **59-3691382**

Applied For

Not Applicable

Zip

Country

33736

FLORIDA

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

**KOESTER, WERNER W
700 CENTRAL AVENUE, SUITE 408
ST PETERSBURG FL 33701**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DST** ☐ Delete
NAME **KOESTER, WERNER W**
STREET ADDRESS **PO BOX 66219**
CITY-ST-ZIP **SAINT PETERSBURG FL 33701**

TITLE **DSTP** ☒ Change ☐ Addition
NAME **KOESTER, WERNER W**
STREET ADDRESS **BOX 66219**
CITY-ST-ZIP **ST PETERSBURG FL 33701**

TITLE **DP** ☒ Delete
NAME **AZZI, PAUL**
STREET ADDRESS **PO BOX 66219**
CITY-ST-ZIP **SAINT PETERSBURG FL 33701**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 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

Date

Daytime Phone #

1-10-03 727-896-4500

CR2E034 (10/02)