

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90059 031 ***150.00

DOCUMENT # P01000005545

1. Entity Name
SUNCOAST TRUCK & AUTO EXCHANGE, INC.

Principal Place of Business

237 WESCLIFF DR
OCOE FL 34761

Mailing Address

237 WESCLIFF DR
OCOE FL 34761

2. Principal Place of Business

217 Capitol Court

Suite, Apt. #, etc.

3. Mailing Address

217 Capitol Court

Suite, Apt. #, etc.

City & State

OCOE, FLORIDA

City & State

OCOE, FLORIDA

Zip

34761

Country

Orange

Zip

34761

Country

Orange

4. FEI Number

59-3691012

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Nickolas KARSOS

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

301 Port Augustine Circle #103

City

OCOE

FL

Zip Code

34761

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]

Nickolas KARSOS President

1/7/02

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)

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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
NAME
STREET ADDRESS
CITY-ST-ZIP

PSTD
KARSOS, NICHOLAS D
237 WESCLIFF DR
OCOE FL 34761

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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

Nickolas KARSOS 1/7/02 321 217 6670

Date

Daytime Phone #

CR2E034 (9/01)