

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90104 044 ***150.00

DOCUMENT # P01000005545

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



Principal Place of Business
**217 CAPITOL COURT
OCOE FL 34761**

Mailing Address
**217 CAPITOL COURT
OCOE FL 34761**

90019957



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

556 Ryans woods Lane

3. Mailing Address

P.O. box 38

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OZona, Florida

City & State

OZona, Florida

4. FEI Number

59-3691012

Applied For

Not Applicable

Zip

34683

Country

Pinellas

Zip

34660

Country

Pinellas

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KARSOS, NICKOLAS
301 PORT AUGUSTINE CIRCLE
#303
OCOE FL 34761**

7. Name and Address of New Registered Agent

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
KARSOS, NICHOLAS D
237 WESCLIFF DR
OCOE FL 34761** ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

Nickolas D. Karsos 2/4/03 727 492 0505

Date

Daytime Phone #

CR2E034 (10/02)