2004 FOR PROFIT CORPORATION ANNUAL REPORT

8/27

FILED
Sep 14, 2004 8:00 am
Secretary of State
08-27-2004 90002 011 ***150.00

66433617

08182004 Chg-P CR2E034 (10/03)

DOCUMENT # P01000022935

1. Entity Name
AUTODRIVE OF TAMPA, INC.

Principal Place of Business	Mailing Address
7535 N ARMENSIA TAMPA, FL 33604	7535 N ARMENSIA TAMPA, FL 33604

2. Principal Place of Business	3. Mailing Address
7535 N. Armenia	7535 N. Armenia
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa, Fl	City & State
Zip: 33604 Country	Zip Country

4. FEI Number: 59-3707913 ☐ Applied For ☐ Not Applicable

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
WHITE, ALTON M JR 1711 W WATERS AVE TAMPA, FL 33614	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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

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	PD ROJO, SHANNON H 1711 W WATERS AVE TAMPA, FL 33614 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROJO, ANTHONY 1711 W WATERS AVE TAMPA, FL 33614 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS 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] Anthony Rojo Vice Pres. 9-5-04 (813) 932-2886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

66433617

P0100022935

AUTODRIVE OF TAMPA

•7535 N. Armenia Ave. Tampa, FL 33604
•(813) 932-2886

To whom it may concern:

We did not receive the annual renewal form on time. Therefore, we are requesting that you waive the late fee, please.