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

DOCUMENT # P01000022935

1. Entity Name
AUTODRIVE OF TAMPA, INC.

Principal Place of Business
7535 N ARMENSIA
TAMPA, FL 33604

Mailing Address
7535 N ARMENSIA
TAMPA, FL 33604

66433617

08182004 Chg-P CR2E034 (10/03)

2. Principal Place of Business
7535 N. Armenia
Suite, Apt. #, etc.

3. Mailing Address
7535 N. Armenia
Suite, Apt. #, etc.

City & State: Tampa, Fl
Zip: 33604
Country

City & State
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

WHITE, ALTON M JR
1711 W WATERS AVE
TAMPA, FL 33614

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 $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

TITLE	PD	☐ Delete
NAME	ROJO, SHANNON H	
STREET ADDRESS	1711 W WATERS AVE	
CITY-ST-ZIP	TAMPA, FL 33614	
TITLE	VD	☐ Delete
NAME	ROJO, ANTHONY	
STREET ADDRESS	1711 W WATERS AVE	
CITY-ST-ZIP	TAMPA, FL 33614	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: Anthony Rojo Anthony Rojo Vice Pres. 9-9-04 (813) 932-2886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

66433617

P010000022935

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.