

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

**FILED
Mar 31, 2002 8:00 am
Secretary of State**

03-31-2002 90353 025 ***150.00

DOCUMENT # P 01000047658
1. Entity Name
PHIL'S AUTO REPAIR OF PINELLAS, INC

DO NOT WRITE IN THIS SPACE

80053927

2. Principal Place of Business
3773 CENTRAL AVE
Suite, Apt. #, etc.
T-9470

3. Mailing Address
3773 CENTRAL AVE
Suite, Apt. #, etc.
T-9470

DO NOT WRITE IN THIS SPACE

City & State
ST. PETERSBURG FL

City & State
ST. PETERSBURG FL

4. FEI Number
59-3718839

Applied For
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Zip 33713 Country PINELLAS Zip 33713 Country PINELLAS

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
PHILLIP J. PECORARO

Street Address (P.O. Box Number is Not Acceptable)
7200 PARK BLVD.

City PINELLAS PARK FL Zip Code 33781

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 Phillip J Pecoraro DATE 3-19-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reappointing)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. **January 1 - May 1, Fee is \$150.00**
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	<u>Dr PHILLIP J PECORARO 7200 PARK BLVD PINELLAS PARK FL 33781</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Phillip J Pecoraro DATE: 3-19-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)