

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
 05-15-2002 90018 033 ***150.00

DOCUMENT # P01000053316

1. Entity Name

LITTLE RICHIE'S AUTO CENTER, INC.

Principal Place of Business

**320 COCONUT AVE.
 ENGLEWOOD FL 34223**

Mailing Address

**320 COCONUT AVE.
 ENGLEWOOD FL 34223**

2. Principal Place of Business

2565 S. McALL RD

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ENGLEWOOD FL

City & State

FL 34224

4. FEI Number

65-1104709

Applied For

Not Applicable

Zip

34224

Country

U.S.

Zip

34224

Country

U.S.

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**IZZO, JOHN P
 180 N. INDIANA AVE.
 ENGLEWOOD FL 34223**

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.

SIGNATURE

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) ☐

**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 **P** ☒ Delete
 NAME **IZZO, JOHN P**
 STREET ADDRESS **180 N. INDIANA AVE.**
 CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **PRESIDENT**
 STREET ADDRESS **RICHARD J. WATSON JR.**
 CITY-ST-ZIP **2565 S. McALL RD.
 ENGLEWOOD FL 34224**

TITLE ☒ Change ☒ Addition
 NAME **TREASURER**
 STREET ADDRESS **BON BALDWIN**
 CITY-ST-ZIP **2565 S. McALL RD.
 ENGLEWOOD FL 34224**

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

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

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

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

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:

Richard J. Watson Jr.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04.25.02

Daytime Phone #

941 474 6898

CR2E034 (9/01)