

5/21/2

FILED
Jun 19, 2002 8:00 am
Secretary of State

05-21-2002 91170 001 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000073274

1. Entity Name

PREMIER AUTO GROUP SOUTH, INC.

Principal Place of Business

6233 6 AVE N
ST PETERSBURG FL 33710

Mailing Address

6233 6 AVE N
ST PETERSBURG FL 33710

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11 42nd Street, N

3. Mailing Address

11 42nd Street, N

Suite, Apt. #, etc.

Ste 204

Suite, Apt. #, etc.

Ste 204

City & State

St Petersburg, FL

City & State

St Petersburg, FL

Zip

33713

Country

Zip

33713

Country

4. FEI Number

31-1788061

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

6. Name and Address of Current Registered Agent

PELOSI, JONATHAN

6233 6 AVE N

ST PETERSBURG FL 33710

11 42nd Street, N
Ste 204
33713

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 PELOSI, JONATHAN
 STREET ADDRESS 6233 6 AVE N
 CITY-ST-ZIP ST PETERSBURG FL 33710

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ Change ☐ Addition
 TITLE
 NAME 11 42nd Street, N Ste 204
 STREET ADDRESS St Petersburg, FL 33713
 CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE
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 CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)