

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 07, 2002 8:00 am**  
**Secretary of State**

07-25-2002 90123 024 \*\*\*150.00

**DOCUMENT # P01000075559**

1. Entity Name  
**CARSMOTOLOGY OF PINELLAS PARK, INC.**

Principal Place of Business Mailing Address  
**8011 49 STREET NORTH 8011 49 STREET NORTH**  
**PINELLAS PARK FL 33781 PINELLAS PARK FL 33781**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3739479** 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

**ARATTUCULAM, CHERIAN**  
**4127 MORELAND DR**  
**VALRICO FL 33594**

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]* **CHERIAN ARATTUCULAM** **7/12/02**  
 (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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
 NAME **ARATTUCULAM, CHERIAN**  
 STREET ADDRESS **4127 MORELAND DR**  
 CITY-ST-ZIP **VALRICO FL 33594**

TITLE ☐ Change ☐ Addition  
 NAME **ARATTUCULAM, CHERIAN**  
 STREET ADDRESS **5046 DEVON PARK DR**  
 CITY-ST-ZIP **TAMPA, FL 33647**

TITLE **VD** ☐ Delete  
 NAME **CHERIAN, RACHANA**  
 STREET ADDRESS **4127 MORELAND DR**  
 CITY-ST-ZIP **VALRICO FL 33594**

TITLE ☒ Change ☐ Addition  
 NAME **CHERIAN, RACHANA**  
 STREET ADDRESS **5046 DEVON PARK DR.**  
 CITY-ST-ZIP **TAMPA, FL 33647**

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 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: *[Signature]* **CHERIAN ARATTUCULAM** **7/12/02**  
 (Signature typed or printed name of signing officer or director Date Daytime Phone #)

CR2E034 (4/02)

Attachment  
# PD01000075559  
40944

Dated: July 22<sup>nd</sup>, 2002

To,  
The Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

From,  
Carsmotology of Pinellas Park, Inc  
8011 49<sup>th</sup> Street N  
Pinellas Park, FL 33781

Subject: Missing Uniform Business Report

Dear Sir or Madam:

I called your office regarding the missing Uniform Business Report which I was told was mailed in March. After discussing this issue with your office I was asked to mail the Business report with a filing fee of \$150.00.

I thank you very much for this consideration.

Sincerely,

  
Cherian Arattuculam