

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2002 8:00 am
Secretary of State

07-28-2002 90200 019 ***150.00

DOCUMENT # P01000099817

1. Entity Name

LENNY'S AUTO & RV REPAIR, INC.

Principal Place of Business

**6145 SOUTH US 1
FT. PIERCE FL 34982**

Mailing Address

**6145 SOUTH US 1
FT. PIERCE FL 34982**

00160000

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

30-0016550

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

**CARDONE, LEONARD D
8145 SOUTH US 1
FT. PIERCE FL 34982**

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

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 NAME STREET ADDRESS CITY-ST-ZIP	D CARDONE, LEONARD D 214 NW BILTMORE ST. PORT ST. LUCIE FL 34983	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (4/02)

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/9/02

Date

Daytime Phone #

Attachment

B0132482

LENNY'S AUTO AND R.V. REPAIR INC.
6145 SOUTH US 1
FORT PIERCE, FLA. 34982
772-460-3101

RE: 2002 UNIFORM BUSINESS REPORT
DOC# P01000099817

TO WHOM IT MAY CONCERN:

I HAVE JUST RECEIVED YOUR UBR WITH A COST OF \$550.00 I CALLED
YOUR OFFICE AND TOLD THEM I NEVER RECEIVED THE FIRST ONE AS MY
BUSINESS WAS NOT OPEN TILL FEBUARY 1, 2002, I WAS TOLD TO ONLY
REMIT THE \$150.00 FEE WHICH YOU WILL FIND ENCLOSED.

THANKING YOU IN ADVANCE

Leonard Cardone Pres.
LEONARD CARDONE PRESIDENT

7/9/02
DATE