

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2003 8:00 am**  
**Secretary of State**

03-19-2003 90101 007 \*\*\*150.00

**DOCUMENT # P02000101312**

1. Entity Name  
**PAUL'S TOTAL CAR CARE, INC.**



Principal Place of Business  
**16127 SAGEBRUSH RD.  
TAMPA FL 33618**

Mailing Address  
**16127 SAGEBRUSH RD.  
TAMPA FL 33618**



2. Principal Place of Business  
**5555 Linebaugh Ave W.**

3. Mailing Address  
**5555 Linebaugh Ave W**

Suite, Apt. #, etc.  
**Unit B**

Suite, Apt. #, etc.  
**Unit B**

City & State  
**Tampa 33624**

City & State  
**Tampa FL**

Zip  
**FL**

Country  
**USA**

Zip  
**33624**

Country  
**USA**

4. FEI Number  
**22-3872333**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**TODD HUDSON SEIDEN, P.A.  
238 EAST DAVIS BLVD.  
SUITE 313  
TAMPA FL 33606**

## 7. Name and Address of New Registered Agent

Name **39-00-226212-26-9**  
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 **PAUL RUGGIERO (President)** *Paul Ruggiero* **3/17/03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P RUGGIERO, PAUL 16127 SAGEBRUSH RD TAMPA FL 33618</b>	<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

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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
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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **PAUL RUGGIERO** *Paul Ruggiero* **3/17/03** **813 294-7878**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

Attachment

90055644  
PO2000101312

DR-13  
R. 01/03

**2003 Florida Annual Resale Certificate for Sales Tax**

**THIS CERTIFICATE EXPIRES ON DECEMBER 31, 2003**

Business Name and Location Address

PAULS TOTAL CAR CARE INC  
5555 W LINEBAUGH AVE STE B  
TAMPA FL 33624-3609

Registration Effective Date

September 26, 2002

Certificate Number

39-00-226212-26-9

It is to certify that all tangible personal property purchased or rented, real property rented, or services purchased on or after the above Registration Effective Date by the above business are being purchased or rented for one of the following purposes:

- Resale as tangible personal property
- Re-rental as tangible personal property
- Resale of services
- Incorporation into and sale as part of the repair of tangible personal property by a repair dealer
- Re-rental as real property
- Incorporation as a material, ingredient, or component part of tangible personal property that is being produced for sale by manufacturing, compounding or processing
- Re-rental as transient rental property

This certificate cannot be reassigned or transferred. This certificate can only be used by the active dealer or its authorized employees. Misuse of this Annual Resale Certificate will subject the user to penalties as provided by law. Use signed photocopy for resale purposes.

Presented to:

(Insert name of seller on photocopy)

(date)

Presented by:

(Authorized Signature/Purchaser)

(date)