

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90079 049 ***150.00

DOCUMENT # P03000015265

1. Entity Name

ST. PETERSBURG COLLISION CENTER, INC.



Principal Place of Business

15777 BOLESTA RD 133
CLEARWATER FL 33760-3464

Mailing Address

15777 BOLESTA RD 133
CLEARWATER FL 33760-3464

2. Principal Place of Business

1819 11th Avenue, N

Suite, Apt. #, etc.

3. Mailing Address

1819 11th Avenue, N

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

St Petersburg, FL

City & State

St Petersburg, FL

4. FEI Number

02-0674130

Applied For

Not Applicable

Zip 33713

Country Pinellas

Zip 33713

Country Pinellas

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BASTEDO, RAYMOND
15777 BOLESTA RD 133
CLEARWATER FL 33760-3464

7. Name and Address of New Registered Agent

Name Steven W. Kambouris

Street Address (P.O. Box Number is Not Acceptable)

1819 11th Avenue, N

City

St Petersburg

FL

Zip Code 33713

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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	D	<input type="checkbox"/> Delete
NAME	BASTEDO, RAYMOND	
STREET ADDRESS	15777 BOLESTA RD 133	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	D	<input type="checkbox"/> Delete
NAME	KAMBOURIS, STEVEN W	
STREET ADDRESS	2855 COUNTRY WOODS LANE	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	D	<input type="checkbox"/> Delete
NAME	KODZIEJ, JOSEPH G	
STREET ADDRESS	9280 MERRIMOR BLVD.	
CITY-ST-ZIP	LARGO FL 33777	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D VP T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bastedo, Raymond	
STREET ADDRESS	15777 Bolesta Rd 133	
CITY-ST-ZIP	Clearwater FL 33760	
TITLE	D P S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kambouris, Steven W	
STREET ADDRESS	1819 11th Avenue, N	
CITY-ST-ZIP	St Petersburg, FL 33713	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kolodziej, Joseph G.	
STREET ADDRESS	9280 Merrimoor Bl vd. Largo, FL	
CITY-ST-ZIP	33777	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #