

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000011892

1. Entity Name

PINELLAS AUTO REPAIR SHOP, INC.

Principal Place of Business

Mailing Address

1771 COACHMAN PLAZA DR. #1
CLEARWATER FL ~~34619~~

1771 COACHMAN PLAZA DR. #1
CLEARWATER FL ~~34619~~

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33759

33759

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HIJAZI, MOHAMAD

1771 COACHMAN PLAZA DR. #1
CLEARWATER FL ~~34619~~ 33759

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS HIJAZI, MOHAMAD
CITY-ST-ZIP 1771 COACHMAN PLAZA DR. #1
CLEARWATER FL ~~34619~~ 33759

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X4-27-01 722-7967115

FILED
May 02, 2001 8:00 am
Secretary of State
05-02-2001 90145 039 ***150.00

80044704



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3312096

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E034 (10/00)