

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 10, 2002 8:00 am**  
**Secretary of State**

09-10-2002 90228 002 \*\*\*150.00

978949



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P96000049120**

1. Entity Name  
**TAMPA POWER STEERING & HYDRAULIC SPECIALISTS, IN C.**

Principal Place of Business <b>1709 FOLLOWTHUR DR  TAMPA FL 33612  US</b>	Mailing Address <b>1709 FOLLOWTHUR DR  TAMPA FL 33612  US</b>
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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 <b>59-3384777</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**LETTE, BARBARA**  
**1709 FOLLOWTHRU DR**  
**TAMPA FL 33612**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (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) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$550.00</b> <b>After September 13, 2002 Fee will be \$750.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPST LEITE, BARBARA 1709 FOLLOWTHUR DR TAMPA FL 33612</b> <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"/> 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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

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 an other, or empowered.

**SIGNATURE:** *Barbara Leite* **REQUIRED** Date *9/24/02* Daytime Phone # *813-932-7311*

CR2E034 (4/02)

Attachment

978949

# P960000049120

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Department of State  
Annual Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re:  
EIN# :

Dear Sir/Madam:

Please find enclosed our check for \$150.00 and our completed 2002 Uniform Business Report.

We never received any correspondence pertaining to our 2002 UBR, and did not realize we are delinquent.

Due to these circumstances, we respectfully request you accept the enclosed check, and abate all penalties associated with our failure to timely file our 2002 UBR.

Thank you for your consideration.

Respectfully submitted,

Alan Lette'  
President

cc: file