

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2001 8:00 am
Secretary of State

04-07-2001 90021 025 ***150.00

DOCUMENT # P97000014807

1. Entity Name

STUART AUTO A/C, INC.

Principal Place of Business

**2700 SE MARKET PL., BAY 14
 STUART FL 34997**

Mailing Address

**2700 SE MARKET PL., BAY 14
 STUART FL 34997**

2. Principal Place of Business

**3233 S.E. DOMINICA TERRACE
 Suite, Apt. #, etc.**

3. Mailing Address

**3233 S.E. DOMINICA TERRACE
 Suite, Apt. #, etc.**

City & State

STUART FL 34997

City & State

STUART FL 34997

Zip

34997

Country

MARTIN COUNTY USA

Zip

34997

Country

MARTIN COUNTY USA

6. Name and Address of Current Registered Agent

**STANGARONE, JOSEPH
 2700 SE MARKET PL., BAY 14
 STUART FL 34997**

4. FEI Number

65-0751956

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

7. Name and Address of New Registered Agent

Name

STANGARONE, JOSEPH

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

3233 DOMINICA TERRACE

City

STUART FL 34997

FL

Zip Code

34997

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 **JOSEPH STANGARONE, President**

Signature typed or printed name of registered agent and title if applicable.

(If P.O. Registered Agent Signature required when reinstating)

DATE

4-2-01

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

TITLE **PD** ☐ Delete
 NAME **STANGARONE, JOSEPH**
 STREET ADDRESS **2700 SE MARKET PL., BAY 14**
 CITY-ST-ZIP **STUART FL 34997**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Change ☐ Addition
 NAME **STANGARONE, JOSEPH**
 STREET ADDRESS **3233 S.E. DOMINICA TERRACE**
 CITY-ST-ZIP **STUART, FL 34997**

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 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:

JOSEPH STANGARONE

4-2-01

Date

Daytime Phone #

CR2E034 (10/00)