

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
 05-27-2002 90352 017 ***150.00

DOCUMENT # P97000014807

1. Entity Name
STUART AUTO A/C, INC.

Principal Place of Business
3233 SE DOMINICA TERRACE
STUART FL 34997

Mailing Address
3233 SE DOMINICA TERRACE
STUART FL 34997



2. Principal Place of Business
3233 SE DOMINICA

3. Mailing Address
3233 SE DOMINICA

Suite, Apt. #, etc.
1480

Suite, Apt. #, etc.
1480

City & State
STUART FLA

City & State

4. FEI Number
65-0751956

Applied For
Not Applicable

Zip
34997

Country
USA

Zip
34997

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STANGARONE, JOSEPH
3233 DOMINICA TERRACE
STUART FL 34997

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)
 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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
STANGARONE, JOSEPH
3233 SE DOMINICA TERRACE
STUART FL 34997

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ **Delete**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ **Delete**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ **Delete**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ **Delete**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ **Delete**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ **Change** ☐ **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 all other like empowered.

SIGNATURE:

(Signature)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)