

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000047500

1. Entity Name  
PROFESSIONAL AUTOMOTIVE TRAINING, INC.

**FILED**  
**Jan 26, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90152 050 \*\*\*150.00

Principal Place of Business

1792 LAGO VISTA  
PALM HARBOR FL 34685

Mailing Address

1792 LAGO VISTA  
PALM HARBOR FL 34685

2. Principal Place of Business

6711 Embassy Blvd.

Suite, Apt. #, etc.  
#224

City & State

Port Richey, FL

Zip

FL 34668

Country

US

3. Mailing Address

6711 Embassy Blvd.

Suite, Apt. #, etc.  
#224

City & State

Pt. Richey, FL

Zip

34668

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3450222

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

STIERS, THOMAS G

1792 LAGO VISTA BLVD  
PALM HARBOR FL 34685  
6711 Embassy Blvd. #224  
Pt. Richey, FL 34668

7. Name and Address of New Registered Agent

Name: Thomas G. Stiers

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

6711 Embassy Blvd.  
#224

City Pt. Richey

FL

Zip Code  
34668

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

*Thomas G. Stiers*

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

Thomas G. Stiers - President

(NOTE: Registered Agent signature required when reinstating)

Jan. 16, 2001

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	STIERS, THOMAS G	11420 NW 56TH DRIVE., #112	CORAL SPRINGS FL 33076	chg. address to
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	Thomas G. Stiers	6711 Embassy Blvd. #224	Pt. Richey, FL 34668		
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"/> Change	<input type="checkbox"/> Addition
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"/> Change	<input type="checkbox"/> Addition
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 all other like empowered.

SIGNATURE:

*Thomas G. Stiers*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas G. Stiers  
President

Date

1/16/01 727 848 7025

Daytime Phone #

CR2E034 (10/00)