

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90080 043 ***150.00

DOCUMENT # P98000030402

1. Entity Name

TATRA BUMPER INC.

Principal Place of Business

Mailing Address

3364 WAVERLY DOCK RD
 JACKSONVILLE FL 32223

3617 CROWN PT. RD
 # 4
 JACKSONVILLE FL 32257-9010

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jacksonville, FL

Jacksonville FL

Zip 32217

Country USA

Zip 32241

Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3503038

Applied For
 Not Applicable

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

HERNANDEZ, MEREDITH A
 3617 CROWN PT. RD. # 4
 JACKSONVILLE FL 32257

Name

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

3617 Crown Point Rd.

SUITE #1

City Jacksonville

FL

Zip Code 32257

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, 2000 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 VP
 NAME ZITNEY, MARIO
 STREET ADDRESS 3617 CROWN PT. RD. # 4
 CITY-ST-ZIP JACKSONVILLE FL 32257 ☐ Delete

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS P.O. Box 24668
 CITY-ST-ZIP Jacksonville FL 32241

TITLE P
 NAME BILLIK, MIKI
 STREET ADDRESS 3617 CROWN PT. RD. # 4
 CITY-ST-ZIP JACKSONVILLE FL 32257 ☐ Delete

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS P.O. Box 24668
 CITY-ST-ZIP Jacksonville FL 32241

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

✓ 4-30-00 904-288-8999