

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 29, 2000 8:00 am**
Secretary of State

01-29-2000 90028 007 ***150.00

DOCUMENT # P98000077213

1. Entity Name

CLEARWATER AUTO ELECTRIC, INC.

Principal Place of Business

Mailing Address

**1415 S. GREENWOOD AVE.
CLEARWATER FL 33756****1415 S. GREENWOOD AVE.
CLEARWATER FL 33756-3446**

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

59-3531455

Applied For

Not Applied

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

**PEREIRA, STEPHEN P
10 S. DUNCAN AVE.
CLEARWATER FL 33755**

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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete**T
PEREIRA, STEPHEN P
10 S. DUNCAN AVE.
CLEARWATER FL 33755**TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete**VP
BACCHUS, AGA
2282 SPRINGFLOWER DR.
CLEARWATER FL 33763**TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete**P
PEREIRA, CINDY G
10 S. DUNCAN AVE.
CLEARWATER FL 33755**TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DeleteTITLE
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CITY-ST-ZIPTITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ AddTITLE
NAME
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CITY-ST-ZIPTITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ AddTITLE
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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 #

Cindy Pereira
Cindy Pereira, Pres 1/24/00 727-446-75