

DOCUMENT # P98000090144

1. Entity Name  
BILOW AUTO SALES, INC.

FILED  
Jan 09, 2001 8:00 am  
Secretary of State

01-09-2001 90050 045 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
2101 SOUTH US #1  
ROCK LEDGE GL 32956

Mailing Address  
395 SHERIDAN AVE.  
SATELLITE BEACH FL 32937

2. Principal Place of Business  
2065 S. US #1  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Rockledge FL  
32955

Country  
Brevard

Zip  
Country

4. FEI Number 59-3538386  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

PUSATERE, BERNADETTE M  
395 SHERIDAN AVE.  
SATELLITE BEACH FL 32437

7. Name and Address of New Registered Agent

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 *Bernadette M Pusatere Pres, Bernadette M Pusatere 1-6-01*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when translating) 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
D	PUSATERE, BERNADETTE M	395 SHERIDAN AVE.	SATELLITE BEACH FL 32937	<input type="checkbox"/>
CFO	PUSATERE, MICHAEL J	248 HARBOUR DR E	INDIAN HARBOUR BEACH FL 32437	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 information empowered.

SIGNATURE: *Bernadette M Pusatere Bernadette M Pusatere 1-6-01 321-636-1800*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)