

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90096 032 ***150.00

DOCUMENT # P99000028075

1. Entity Name

ST PETE AUTO OUTLET INC.

Principal Place of Business

6994 46TH AVENUE NORTH
 ST. PETERSBURG FL 33779

Mailing Address

6994 46TH AVENUE NORTH
 ST. PETERSBURG FL 33779

2. Principal Place of Business

4650 34TH ST N

Suite, Apt. #, etc.

3. Mailing Address

7800 CUMBERLAND RD

Suite, Apt. #, etc.

City & State

ST PETE FL

City & State

LARGO FL

Zip

Country

33714

FLORIDA

Zip

33777

Country

FLORIDA

4. FEI Number

59-3566604

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

HUBER, ROBERT M
7800 CUMBERLAND RD
LARGO FL 33777

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
 NAME **HUBER, ROBERT F**
 STREET ADDRESS **5940 BALI WAY NORTH**
 CITY-ST-ZIP **ST. PETE BEACH FL 33706**

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

TITLE **V** ☐ Delete
 NAME **HUBER, ROBERT M**
 STREET ADDRESS **8799 BARDMOOR BLVD., #304**
 CITY-ST-ZIP **LARGO FL 33777**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **7800 CUMBERLAND RD**
 CITY-ST-ZIP **LARGO FL 33777**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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 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 #

CR2E034 (10/00)