

2002 UNIFORM BUSINESS REPORT (UBR)

1092

DOCUMENT # P99000047103

1. Entity Name
NAPA ROADSIDE ASSISTANCE INC.

FILED

02 JUL 18 AM 7:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
4848 E. BUSH BLVD.
TAMPA FL 33617

Mailing Address
4848 E. BUSH BLVD.
TAMPA FL 33617

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 59-3579827

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAPELLUTO, JIM
4848 E. BUSH BLVD.
TAMPA FL 33617

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 D
NAME CAMPBELL, DENNIS J
STREET ADDRESS P.O. BOX 17203
CITY-ST-ZIP TAMPA FL 33682-7203 ☒ Delete

TITLE ~~President~~
NAME Jim Capelluto
STREET ADDRESS 4848 E. Bush BLVD
CITY-ST-ZIP Tampa, Florida 33617 ☐ Delete ☒ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT
NAME Jim Capelluto
STREET ADDRESS 4848 E. Bush BLVD.
CITY-ST-ZIP Tampa, Florida 33617 ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
800006590478--3
-07/23/02--01045--009
****150.00 ****150.00

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

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

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

CR2E034 (4/02)

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:

Jim Capelluto
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-15-02 (813) 980-1634

Attachment P99000047103

July 15th 2002

2082

TO: FLORIDA DEPT. of STATE

DEAR SIR/MAM,

I'm writing this letter to ask you to please waive the late fee.

As you can see, I've made some changes on the officers category. The person listed was my old accountant, he no longer works for me. I was not even aware that he listed himself as an officer.

I did not realize that I was late on my renewal until I received the late notice, as he was supposed to be handling the renewal process for me.

I would greatly appreciate it if the late fee be waived and allow me to renew at the original renewal cost of \$150.00.

Enclosed is a check for \$150.00. If there are any problems please let me know.

THANK YOU,

Jim Gallante
BODYWORKS USA

WK# (813) 980-1634