

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

07-07-2003 90136 019 ****61.25
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TALLAHASSEE, FLORIDA

DOCUMENT # **P99000061959**

1. Entity Name

Munro Motors Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2301 W Columbus Dr

3. Mailing Address

2301 W Columbus Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Tampa FL

City & State

Tampa FL

4. FEI Number

59-3588865

Applied For

Not Applicable

Zip

Country

33607-1644

Zip

Country

33607-1644

5. Certificate of Status Desired

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\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

OLGA B HEARNE

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

2301 W Columbus Dr

City

Tampa

FL

Zip Code

33607-1644

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.

PRESIDENT

SIGNATURE

Olga B. Hearne

OLGA B. HEARNE

7/1/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1, May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$81.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution

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\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	President
NAME	OLGA B HEARNE
STREET ADDRESS	934 JERRY SMITH RD
CITY-ST-ZIP	DOVER FL 33527
TITLE	Vice - President
NAME	JORGE E RODRIGUEZ
STREET ADDRESS	2328 W La Salle ST
CITY-ST-ZIP	Tampa FL 33607-5320
TITLE	TREASURER
NAME	GABRIEL E SMUD
STREET ADDRESS	2328 W La Salle ST
CITY-ST-ZIP	Tampa FL 33607-5320
TITLE	
NAME	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Olga B. Hearne

OLGA B. HEARNE

7/1/03 (813) 870-2625

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone

CR2E034B (12/02)