## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # F

P99000078049

1. Entity Name

TONY'S AUTO CENTER, INC.



## FILED Mar 06, 2003 8:00 am Secretary of State

03-06-2003 90115 032 \*\*\*150.00

Principal Place of Business 1888 CANOVA ST SE PALM BAY FL 32909		Mailing Address 1888 CANOVA ST SE PALM BAY FL 32909	1888 CANOVA ST SE			i <b>86</b> jii <b>8</b> 3jii 1888 1981 <b>86</b> ji	i êjilə ibil ildi	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			- MAKING CHANGES	3	
City & Sta	te	City & State	City & State			4. FEI Number 59-3598063 Applied For		
Zip Country		Zip	Zip Count		5. Certificate of Status Desired	\$8.75 Ad Fee Require		
	6. Name and Address of Cui	rent Registered Agent		<u> </u>	7. Name and Address of New Re	•	-	
				Name	0 0	<u> </u>		
ARNO, ANDREW P				-F-15000		<del> </del>		
ARNO FINANCIAL SERVICES, INC.				Street Address	(P.O. Box Number is Not Acceptable)	Wiles I	ہعر.	
115 HICKORY ST., STE. 202						1 1 · 0	, <u> </u>	
W MELBOURNE FL 32904				17001	Hicport Blud,	<u>Suite</u>		
					DOUGUE	FL Zip Coo		
8. The above	named entity submits this statement	ent for the purpose of changing i	ts registere	ed office or registe	red agent, or both, in the State of Flori	da. I am familiar with,	and accept	
the obligat	tions of registered agent.	$D \rightarrow$					Í	
SIGNATURE .		Sans	4			1/14/03		
	Signature, types or printed name of registered	agent and title if applicable. (NC	OTE: Registered	d Agent signature required	d when reinstating)	DATE		
	ILE NOW!!! FEE IS \$150.00				9. Election Campaign Finar	ncina <b>\$5</b> (	00 May Be	
	r May 1, 2003 Fee will be \$550 c Payable to Florida Departme				Trust Fund Contribution.		d to Fees	
10,		AND DIRECTORS			420 F10 10 10 10 10 10 10 10 10 10 10 10 10 1	<u></u>		
TITLE	P		11.	····	ADDITIONS/CHANGES TO OFFIC	<del></del>		
NAME	CANUP, GARY	☐ Delete	I TITLE NAME			Change	☐ Addition	
STREET ADDRESS	538 HOLMES AVE NW			ET ADDRESS				
CITY-ST-ZIP	PALM BAY FL 32907			ST-ZIP		•		
TITLE	VP	□ Delete	TITLE			☐ Change	Addition	
NAME	STEELE, GARY		NAME	į.		Change	☐ Aponton	
STREET ADDRESS	915 SARETA ST SE		STREE	ET ADDRESS				
CITY-ST-ZIP	PALM BAY FL 32909		CITY-	ST-ZIP				
TITLE	S	☐ Delete	TITLE			☐ Change	Addition	
NAME	CANUP, LAURA	The second secon	NAME	entra e e e e	A CELL COLOR	·. — •	_	
STREET ADDRESS CITY-ST-ZIP	538 HOLMES AVE NW			T ADDRESS				
	PALM BAY FL 32907		CITY-	ST- ZIP				
TITLE	T STEELE BLOOMER	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME STREET ADDRESS	STEELE, BARBARA 915 SARETA ST NE		NAME					
CITY-ST-ZIP	PALM BAY FL 32909			T ADDRESS ST-ZIP				
TITLE	1 VIDW DV1 1 F 05303		_	31-211				
NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP				ST-ZIP				
TITLE		□ Delete	TITLE				□ Addition	
NAME		L Delete	NAME			☐ Change	☐ Addition	
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			CITY-	ST-ZIP				
12. I hereby c	ertify that the information supplied	with this filing does not qualify to	or the exem	notion stated in Sec	ction 119.07(3)(i). Florida Statutes I fu	orther certify that the in	formation	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DAMAGE STORE BANG AND STEEL STEEL SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

3/3/03

32/ 726 -5/2)
Daytime Phone #