

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90332 024 ***150.00

DOCUMENT # P99000093575

1. Entity Name
G & J AUTO REPAIR & SALES, INC.

Principal Place of Business

**P. O. BOX 152779
TAMPA FL 33684-2779**

Mailing Address

**P. O. BOX 152779
TAMPA FL 33684-2779**

2. Principal Place of Business
5509 N. NEBRASKA AVENUE

3. Mailing Address
5509 N. NEBRASKA AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
TAMPA, FL.

City & State
TAMPA, FL.

4. FEI Number **59-3606252**

Applied For
Not Applicable

Zip
33604

Country
U.S.A.

Zip
33604

Country
U.S.A.

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

**SHAW, BILL M
550 N. REO ST., SUITE 300
TAMPA FL 33609-1013**

Name
JAVIER JOSEPH

Street Address (P.O. Box Number is Not Acceptable)
5509 N. NEBRASKA AVENUE

City **TAMPA,** **FL** Zip Code **33604**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	D SINGH, BHAN 5509 N. NEBRASKA AVE. TAMPA FL 33604 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSEPH, JAVIER 5509 N. NEBRASKA AVE. TAMPA FL 33604 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

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

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: *Javier Joseph*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-2002
Date Daytime Phone #

CR2E034 (9/01)