

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000098155

1. Entity Name

ST. PETERSBURG AUTO, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90084 021 ***150.00

Principal Place of Business

Mailing Address

8021 28TH AVE. NORTH STREET
ST. PETERSBURG FL 33170

8021 28TH AVE. NORTH STREET
ST. PETERSBURG FL 33710-2864

2. Principal Place of Business

1979 Sherwood street

3. Mailing Address

8021 28th AVE North

Suite, Apt. #, etc.

Unit B

Suite, Apt. #, etc.

City & State

Clearwater Florida

City & State

St. Petersburg Florida

Zip

33765

Country

USA

Zip

33710

Country

USA

4. FEI Number

59-3609228

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

EYDELMAN, DAVID

8021 28TH AVE. NORTH STREET
ST. PETERSBURG FL 33170

Name

DAVID Eydelman

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

8021 28th AVE North

City

St. Petersburg

FL

Zip Code

33710

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

David Eydelman

DAVID Eydelman (P) 2/23/00

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, 2000 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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P. DAVID Eydelman
STREET ADDRESS	8021 28th AVE North
CITY-ST-ZIP	St. Petersburg FL 33710
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	V.P. Leonid Droskin
STREET ADDRESS	1665 East 7th street Apt 3E
CITY-ST-ZIP	BROOKLYN NY 11230
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	M. Yevgeniy Eydelman
STREET ADDRESS	8021 28th AVE North
CITY-ST-ZIP	St. Petersburg FL 33710
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

DAVID Eydelman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID Eydelman 2/23/00 (727) 384-2336

DATE

Daytime Phone #

CR2E034 (9/99)