

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State
 01-29-2001 90152 033 ***150.00

DOCUMENT # P99000098155

1. Entity Name

ST. PETERSBURG AUTO, INC.

Principal Place of Business

1979 SHERWOOD STREET
 UNIT B
 CLEARWATER FL 33765

Mailing Address

8021 28TH AVE. NORTH
 ST. PETERSBURG FL 33170

2. Principal Place of Business

12555 44th street N.

3. Mailing Address

8021 28th Ave North

Suite, Apt. #, etc.

UNIT D & E

Suite, Apt. #, etc.

City & State

Clearwater FL

City & State

St. Petersburg FL

Zip

33762

Country

Pineellas

Zip

33710

Country

Pineellas

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

EYDELMAN, DAVYD
 8021 28TH AVE. NORTH
 ST. PETERSBURG FL 33710

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.

SIGNATURE

Davyd Eydelman Davyd Eydelman, President 01/16/01

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, 2001 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

TITLE	P	<input type="checkbox"/> Delete
NAME	EYDELMAN, DAVYD	
STREET ADDRESS	8021 28TH AVE NORTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33710	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DVOSKIN, LEONID	
STREET ADDRESS	1665 EAST 7TH STREET APT 3E	
CITY-ST-ZIP	BROOKLYN NY 11230	
TITLE	M	<input type="checkbox"/> Delete
NAME	EYDELMAN, YEVGENIY	
STREET ADDRESS	8021 28TH AVE NORTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33710	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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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:

Davyd Eydelman Davyd Eydelman 01/16/01 (727) 573-4477

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)