

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S07970

1. Entity Name

AUTO SERVICE OF PINELLAS, INC.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90236 046 ***158.75

Principal Place of Business

Mailing Address

~~7000A PARK BLVD.~~
~~PARK FL 34665~~

~~7000A PARK BLVD.~~
~~PINELLAS PARK FL 33781-3040~~

2. Principal Place of Business

3. Mailing Address

11001 SEMINOLE BLVD
 Suite, Apt. #, etc.

11001 SEMINOLE BLVD
 Suite, Apt. #, etc.

City & State
 LARGO FLA

City & State
 LARGO FLA.

4. FEI Number 59-3032630

Applied For
 Not Applicable

Zip Country
 33778 PINELLAS

Zip Country
 33778 PINELLAS

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

ROBERTS, CALVIN C.
 6574 30TH AVENUE NORTH
 ST. PETERSBURG FL 33710

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	PD HUCKNO, JOSEPH W. 7000A PARK BLVD. PINELLAS PARK FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRILLO, AVELIO L 7000A PARK BLVD. PINELLAS PARK FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HUCKARO, JOHN G 7000A PARK BLVD. PINELLAS PARK FL	<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	HUCKNO JOSEPH W 11001 SEMINOLE BLVD LARGO FLA. 33778	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GRILLO AVELIO L 11001 SEMINOLE BLVD LARGO FLA 33778	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HUCKARO JOHN G 11001 SEMINOLE BLVD LARGO FLA 33778	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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:

Joseph W. Huckaro JOSEPH W. HUCKARO 3-25-00 727-319887

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)