

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90186 043 ***150.00

DOCUMENT # S94901

1. Entity Name

MECHANICS ON WHEELS OF TAMPA, INC.



Principal Place of Business

**1508 PERDIZ ST
TAMPA FL 33612
US**

Mailing Address

**1508 PERDIZ ST
TAMPA FL 33612
US**

2. Principal Place of Business

3. Mailing Address

P.O. Box 1-7236

Suite, Apt. #, etc.

Suite, Apt. #, etc.

TAMPA FL 33682

City & State

City & State

TAMPA FL

Zip

Country

Zip

Country

33682 Hillsb.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3100223

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

LUPERON, MARIANO

**1508 PERDIZ ST
TAMPA FL 33612**

Name

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

7705 N ORLAND AVENUE

City

TAMPA FL 33682

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **LUPERON, MARIANO**
STREET ADDRESS **1508 PERDIZ ST**
CITY-ST-ZIP **TAMPA FL 33612**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **LUPERON, MARIA E.**
STREET ADDRESS **9508 PERDIZ ST**
CITY-ST-ZIP **TAMPA FL 33612**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

MARIANO LUPERON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-03

(813) 651-9564

Date

Daytime Phone #

CR2E034 (10/02)