

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

1

DOCUMENT # V69487

1. Entity Name
EUROPEAN MOTORS OF TAMPA, INC.



03 MAR - 6 APR 2003
02-17-2003 90255 004 ***150.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3202 W KENNEDY BLVD.
TAMPA FL 33609
US

Mailing Address
3202 W KENNEDY BLVD.
TAMPA FL 33609
US



2. Principal Place of Business
1107 W Kennedy Blvd
Suite, Apt. #, etc.

3. Mailing Address
1107 W Kennedy Blvd
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Tampa FL.
Zip
33606
Country
USA

City & State
Tampa FL.
Zip
33606
Country
USA

4. FEI Number 59-3142882

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SULLIVAN, MICHAEL J
3202 W KENNEDY BLVD
TAMPA FL 33609

7. Name and Address of New Registered Agent

Name Michael J. Sullivan
Street Address (P.O. Box Number is Not Acceptable)
1107 W. Kennedy Blvd
City Tampa FL Zip Code 33606

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 *me J. A.*
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 ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	DPTS	<input type="checkbox"/> Delete
NAME	SULLIVAN, MICHAEL J	
STREET ADDRESS	3202 W. KENNEDY BLVD	
CITY-ST-ZIP	TAMPA FL 33609	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1107 W Kennedy Blvd	
STREET ADDRESS		
CITY-ST-ZIP	33606	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 all other like empowered.

SIGNATURE *me J. A.* SIGNATURE REQUIRED

2-13-03

813-258-9222

CR2F034 (10/02)