

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90097 017 ***150.00

DOCUMENT # 649273

1. Entity Name
SALEMI'S BODY SHOP, INC.

Principal Place of Business 1602 N. ARMENIA AVENUE TAMPA FL 33607	Mailing Address 1602 N. ARMENIA AVENUE TAMPA FL 33607-3402
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number 59-1961626	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SALEMI, SAM
1602 N. ARMENIA AVENUE
TAMPA FL 33607

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 _____ (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

TITLE P	SALEMI, SAM, JR	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	7903 GOLDEN GLEN TAMPA, FL 00000	
TITLE VD	SALEMI, SAM, SR	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	8306 TERRACE WOOD CIRCLE TAMPA, FL 00000	
TITLE ST	SALEMI, GRACE	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	8306 TERRACE WOOD CIRCLE TAMPA, FL 00000	
TITLE V	RUSSO, PATRICIA	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	16315 NORWOOD DRIVE TAMPA FL	
TITLE V	SANDRA, ILER	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	2508 LANCER DR TAMPA FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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: Sam Salemi, Jr. Pres. Date: 1/14/2000 Daytime Phone #: (813) 879-2723

CR2E034 (9/99)