## **2002 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P9900009779  1. Entity Name					Secretary of State			
COSMO T	FRUCK BODY; INC.	~ ·			02-25-2002 90	039 031 ***150	.00	
74	B Trock Body,	<u> </u>						
Principal Place of Business Mailing Address  6915 ADAMO DR 6915 ADAMO DR								
6915 ADAMO DR 6915 ADAMO DR TAMPA FL 33619								
/								
2. Principal P	lace of Business	3. Mailing Address			- I PROGUEST FIN ICHIO CONE BONT DONY GENEL SOUN GRIND FRILL TOOM SOURS ION LOOK			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4.	. FEI Number 59-3560891	<del>- + ·</del>	plied For t Applicable	
Zip	Country	Zip	Country	5.	. Certificate of Status Desired	S8.75 Add	litional	
	6. Name and Address of Current R	legistered Agent		7.	. Name and Address of New Regi	<u>-</u>	,	
			Name	-				
VALENTE, 44 <del>81-107</del> -	Street Address (P.O. Box Number is Not Acceptable)							
	TER FL 30762 Suite	1201						
	st. Pete	c, F1. 3370	/ City			FL Zip Code	9	
8. The above	named entity submits this statement for	the purpose of changing its re	gistered office or	r registered a	agent, or both, in the State of Florida	a.		
•			~					
SIGNATURE	Signature, typed or printed name a registered agent ar	nd title if applicable. (NOTE: Re	egistered Agent signat	ure required wher	n 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!!! After May 1, 2002 Make Check Payable			Fee will be \$5	550.00	10. Election Campaign Financ Trust Fund Contribution.		May Be to Fees	
11.	OFFICERS AND D	DIRECTORS	12.	,	ADDITIONS/CHANGES TO OFFICE			
TITLE NAME	D <del>-Wool, Michae</del> l	☐ Delete	TITLE NAME	D/P	, inichelle	Change	.dition	
STREET ADDRESS	ET ADDRESS 4481-107 CIRCLE NORTH		STREET ADDRESS	6915	ADAMO Drive			
CITY-ST-ZIP	CLEARWATER FL 33762	☐ Delete	CITY-ST-ZIP	NAVD	A, FL 33619	Change	Addition	
NAME	MICHELLE, WOOL	☐ Delete	NAME .	WOOL	, Mike Adamo Drve	)Z\\oliversity		
STREET ADDRESS CITY-ST-ZIP	1316 BELCHER DR.		STREET ADDRESS CITY-ST-ZIP	6915	ndamo Drue na, fr 33619			
THLE	TARPON SPRINGS FL 34689	☐ Delete	TITLE	N-14/F	11, 40 3341	☐ Change	Addition	
NAME			NAME STREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP	L		CITY-ST-ZIP		- 440 07/0\(\text{O}\) = 11.00	where position the existence	-formation	
indicated of the co	certify that the information supplied with I on this report or supplemental report is reporation or the receiver or trustee empor , or on an attachment with an address, w	true and accurate and that my wered to execute this report as	signature shall h	nave the sam	ne legal effect as it made under oath	n; that I am an officer	or airector	