

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 512350

1. Entity Name

DOWNTOWN AUTO SERVICE, INC.

**FILED**  
**Jan 29, 2000 8:00 am**  
**Secretary of State**

01-29-2000 90142 024 \*\*\*158.75

Principal Place of Business Mailing Address  
855 BURLINGTON AVENUE NORTH 855 BURLINGTON AVENUE NORTH  
ST PETERSBURG FL 33701 ST PETERSBURG FL 33701-3112

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1693058

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

KENT, LEWIS H.  
855 BURLINGTON AVENUE NORTH  
ST. PETERSBURG FL

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

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

(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 PD ☐ Delete  
NAME KENT, LEWIS H.  
STREET ADDRESS 61 ISLAND COURT  
CITY-ST-ZIP TERRA CEIA FL

TITLE TD ☐ Delete  
NAME KENT, RUTH D  
STREET ADDRESS 61 ISLAND COURT  
CITY-ST-ZIP TERRA CEIA FL

TITLE SD ☐ Delete  
NAME ADCOCK, LOUIE N., JR.  
STREET ADDRESS 1 BEACH DR. SE #2714  
CITY-ST-ZIP ST.PETERSBURG FL

TITLE VD ☐ Delete  
NAME KENT, WILLIAM D  
STREET ADDRESS 416 19 AVE NE  
CITY-ST-ZIP ST. PETERSBURG FL 33704

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 25, 2000

Date

727-823-5503

Daytime Phone #