

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 726483

1. Entity Name

AUTOMOTIVE SERVICE ASSOCIATION OF FLORIDA, INC.

Principal Place of Business

P.O. BOX 217
INDIAN ROCKS BCH. FL 33785-0217
US

Mailing Address

P.O. BOX 217
INDIAN ROCKS BCH. FL 32315-3298

2. Principal Place of Business

P.O. Box 3298

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 3298

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee FL

Zip

32315-3298

Country

USA

Zip

32315-3298

Country

USA

4. FEI Number

23-7408710

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TOOMEY, DONALD L
13681 CROFT DR. SOUTH
LARGO FL 33774

7. Name and Address of New Registered Agent

Name Charles R. Cook

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

3746 Dorset Way

City

Tallahassee

FL

Zip Code

32303

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

Charles R. Cook Charles R. Cook

3-3-00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE D
NAME ZWALINA, DAVID R
STREET ADDRESS 785 S HWY, #17-92
CITY-ST-ZIP LONGWOOD FL 32750

☐ Delete

TITLE D
NAME ELDER, CHARLES
STREET ADDRESS 2461 GREER RD
CITY-ST-ZIP TALLAHASSEE FL

☐ Delete

TITLE D
NAME STONE, DONE
STREET ADDRESS 735 SE MONTEREY RD. #3
CITY-ST-ZIP STUART FL 34994

☐ Delete

TITLE D
NAME Harris Steve
STREET ADDRESS 1225 Old Okeechobee Rd
CITY-ST-ZIP West Palm Beach, FL 33401

☐ Delete

TITLE D
NAME Smith, Rick
STREET ADDRESS 11084 70th Ave
CITY-ST-ZIP Seminole, FL 33772

☐ Delete

TITLE D
NAME Hofmann, Helen
STREET ADDRESS 3155 Clemson Rd
CITY-ST-ZIP Orlando, FL 32808

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/00

407-298-1145

Date

Daytime Phone #

CR2E037 (9/99)

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90034 048 ****61.25

627303



DO NOT WRITE IN THIS SPACE