

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L58256

1. Entity Name  
POOLE'S PAINT, BODY + TOWING, INC.

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90950 018 \*\*\*150.00

Principal Place of Business Mailing Address  
9006 GIBSONTON DR. 9006 GIBSONTON DR.  
GIBSONTON FL 33534 GIBSONTON FL 33534

**A3960996**

2. Principal Place of Business 3. Mailing Address  
9006 GIBSONTON DR. P.O. BOX 260502  
Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State  
GIBSONTON, FL TAMPA, FL  
Zip Country Zip Country  
33534 USA 33685 USA

4. FEI Number Applied For  
59-3002438 Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
CYNTHIA POOLE  
9006 GIBSONTON DR.  
GIBSONTON, FL 33534

7. Name and Address of New Registered Agent  
Name JOHN TORTORELLO  
Street Address (P.O. Box Number is Not Acceptable)  
4822 BONITA VISTA DR.  
City TAMPA FL Zip Code 33634

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 J.H. Tortorello DATE 4/11/2000  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

## OFFICERS AND DIRECTORS

## 12.

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

DP CLYDE POOLE 9006 GIBSONTON DR. GIBSONTON, FL 33534	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	VP JOHN TORTORELLO 4822 BONITA VISTA DR. TAMPA, FL 33634	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: J.H. Tortorello VP DATE 4/11/2000 DAYTIME PHONE # (813) 677-7826  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)