

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000030062

1. Entity Name
HOOP'S AUTO & MARINE REPAIR, INC.

FILED
Jun 02, 2001 8:00 am
Secretary of State

06-02-2001 90002 033 ***550.00

Principal Place of Business
8201 PARK BLVD
LARGO FL 33777

Mailing Address
8201 PARK BLVD
LARGO FL 33777

2. Principal Place of Business
4700 HAINES RD
Suite, Apt. #, etc.

3. Mailing Address
4700 HAINES RD
Suite, Apt. #, etc.

City & State
St Pete FL

City & State
St Pete FL

4. FEI Number
59-3634835

Applied For
Not Applicable

Zip
33714

Country
Pinellas

Zip
33714

Country
Pinellas

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POHLMAN, MARK S
801 WEST BAY DRIVE STE 515
LARGO FL 33770

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 *Clayton B. Hooper*
(Signature, typed or printed name of registered agent and date if applicable)

(NOT) Registered Agent signature required when reinstating

DATE

5-30-01

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, 2001
Make Check Payable to Department of State

FEE IS \$150.00
Fee will be \$550.00
to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
HOOPER, DOUGLAS
11778 81ST AVE N
SEMINOLE FL 33772 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVT
DAVIS, JOHN E
1511 4TH STREET SW
LARGO FL 33770 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 an other like empowered.

SIGNATURE: *Clayton B. Hooper*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)