

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90081 015 ***150.00

DOCUMENT # P00000030062

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

Principal Place of Business
4700 HAINES ROAD
SAINT PETERSBURG FL 33714

Mailing Address
4700 HAINES ROAD
SAINT PETERSBURG FL 33714



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3660 BELCHER RD Suite, Apt. #, etc. Bldg. E. 10		3. Mailing Address 3660 EAST BAY DR. Suite, Apt. #, etc. APT. 421	
City & State LARGO FL.		City & State LARGO FL	
Zip 33771	Country Pinellas	Zip 33771	Country Pinellas

4. FEI Number 59-3634835	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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
ANETTE KENDALL / A-1 ACCOUNTING & BUSINESS SER.
 Street Address (P.O. Box Number is Not Acceptable)
557 6th AVE NORTH
 City
St. Pete FL. FL Zip Code
33701

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 **Douglas B. Hooper** / **Anette Kendall** **4-23-02**
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. <input type="checkbox"/> <small>(See criteria on back)</small>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS HOOPER, DOUGLAS 11778 81ST AVE N SEMINOLE FL 33772 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Douglas B. Hooper** **4-23-02** **(727) 741-1734**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)