

2000 UNIFORM BUSINESS REPORT (UBR)

Amended

DOCUMENT # P92000012395
 1. Entity Name
COOPER PLACE AUTOMOTIVE SERVICES, INC.

FILED
 00 MAY -9 AM 8:11
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 13213A N. Nebraska Ave. 13213A N. Nebraska Ave.
 Tampa, FL 33612 Tampa, FL 33612

2. Principal Place of Business 3. Mailing Address
 13213A N Nebraska Ave. same as above
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Tampa, FL 33612
 Zip Country Zip Country

4. FEI Number Applied For
 59-3155581 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 Brace, Ron
 720 E. Fletcher Ave.
 Suite 700
 Tampa, FL 33613

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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	President, Director	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	SGROI, Carlos A.	
CITY-ST-ZIP	6215 N. Clark Ave., Tampa, FL	
TITLE NAME	D	<input type="checkbox"/> Delete
STREET ADDRESS	RIVELLI, John A.	
CITY-ST-ZIP	1823 Eaglerige Rd. Palm Harbor, FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	President, Secretary, Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	RIVELLI, John A.	
CITY-ST-ZIP	1823 Eaglerige Rd., Palm Harbor, FL	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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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(2)(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: Carlos A. Sgroi CARLOS A. SGROI 4/27/00 (813) 877-6569
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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