

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93 0000 28814  
Entity Name  
POOLE'S AUTO SALES, INC.

FILED  
May 17, 2000 8:00 am  
Secretary of State  
05-17-2000 90950 019 \*\*\*150.00

Principal Place of Business  
9006 GIBSONTON DR  
GIBSONTON FL 33534

Mailing Address  
9006 GIBSONTON DR  
GIBSONTON FL 33534

Principal Place of Business  
9006 GIBSONTON DR.  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. Box 260502  
Suite, Apt. #, etc.

City & State  
GIBSONTON FL

City & State  
TAMPA, FL

Zip  
33534

Country  
USA

Zip  
33685

Country  
USA

4. FEI Number  
59-3178265

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
CLYDE 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.W. Tortorelli  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE  
4/11/2000

9. 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DP	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 9006 GIBSONTON DR		STREET ADDRESS	
CITY-ST-ZIP GIBSONTON, FL 33534		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: J.W. Tortorelli VP  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE  
4/11/2000

DAYTIME PHONE #  
(813) 677-7826

CR2E034 (9/99)