

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000028814

1. Entity Name  
POOLE'S AUTO SALES, INC.



Principal Place of Business  
9006 GIBSONTON DRIVE  
GIBSONTON FL 33534

Mailing Address  
P.O. BOX 260502  
TAMPA FL 33685  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

TORTORELLO, JOHN  
4882 BONITA VISTA DR.  
TAMPA FL 33634

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME POOLE, CLYDE  
STREET ADDRESS 9006 GIBSONTON DRIVE  
CITY-ST-ZIP GIBSONTON FL 33534

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V  
NAME TORTORELLO, JOHN V  
STREET ADDRESS 4822 BONITA VISTA DR  
CITY-ST-ZIP TAMPA FL 33634

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ST  
NAME POOLE, CYNTHIA  
STREET ADDRESS 9006 GIBSONTON DR  
CITY-ST-ZIP GIBSONTON FL 33534

TITLE  
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*John Tortorello* REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/03

813-677-7826

Date

Daytime Phone #

CR2E034 (10/02)

0473328 AV

FILED  
Apr 30, 2003 8:00 am  
Secretary of State

04-30-2003 90023 034 \*\*\*150.00

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☐ CHECK HERE IF MAKING CHANGES