2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State
05-10-2001 90180 047 ***158.75

DOCUMENT # P94000047488

1. Entity Name
GOOLS AUTOMOTIVE, INC.

Principal Place of Business	Mailing Address
2958 5TH AVENUE SOUTH ST. PETERSBURG FL 33712	2958 5TH AVENUE SOUTH ST. PETERSBURG FL 33712

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5013 20th Avenue South	5013-20th Avenue South
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Gulfport FL	City & State: Gulfport FL
Zip: 33707 Country: USA	Zip: 33707 Country: USA

4. FEI Number 59-3251651 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GOOLSBY, KENNETH
2958 5TH AVENUE SOUTH
ST. PETERSBURG FL 33712

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GOOLSBY, KENNETH		NAME		
STREET ADDRESS	2958 5TH AVE. S.		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33712		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GOOSLBY, EULA		NAME		
STREET ADDRESS	2958 5TH AVENUE S		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33712		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/00)

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: X Kenneth Goolsby Kenneth Goolsby 4/25/01 (727)321-8090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #