

# 2001 UNIFORM BUSINESS REPORT (UBR)

2/28

**FILED**  
**Mar 20, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90075 049 \*\*\*150.00

DOCUMENT # P94000053804

1. Entity Name  
**GOOD DEAL AUTO BODY, INC.**

Principal Place of Business  
**2720 WASHINGTON BLVD.  
SARASOTA FL 34234**

Mailing Address  
**2720 WASHINGTON BLVD.  
SARASOTA FL 34234**

2. Principal Place of Business

**2418 N. WASHINGTON BLVD**

Suite, Apt. #, etc.

3. Mailing Address

**2418 N WASHINGTON BLVD**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**SARASOTA, FL 34234**  
Zip  
**34234**  
Country  
**Manatee**

City & State  
**SARASOTA, FL 34234**  
Zip  
**34234**  
Country  
**Manatee**

4. FEI Number **59-3259510**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**GUTIERREZ, OSCAR  
3409 WOODMONT DRIVE  
SARASOTA FL 34232**

7. Name and Address of New Registered Agent

Name **Soledad J. Teodoro**  
Street Address (P.O. Box Number is Not Acceptable)  
**3409 Woodmont Dr.**  
**Sarasota, Fl 34232**  
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 *Soledad Teodoro Soledad Teodoro*

02-15-01

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.  
(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

TITLE  
NAME **PD GUTIERREZ, OSCAR** ☒ Delete  
STREET ADDRESS **3409 WOODMONT DRIVE**  
CITY-ST-ZIP **SARASOTA FL 34232**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME **DVP Soledad J. Teodoro** ☐ Change ☒ Addition  
STREET ADDRESS **3409 Woodmont Dr.**  
CITY-ST-ZIP **Sarasota, Fl 34232**

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
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:

*Soledad Teodoro*

**Soledad J. Teodoro** 02-15-01 8:45 3423002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (10/00)