

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000000564

1. Entity Name

POOLE'S GARAGE, INC.

Principal Place of Business

Mailing Address

3902 CURRY FORD ROAD
ORLANDO FL 32806

3902 CURRY FORD ROAD
ORLANDO FL 32806-2702

2. Principal Place of Business

1680 S. Bumby Ave

Suite, Apt. #, etc.

3. Mailing Address

1680 S. Bumby Ave

Suite, Apt. #, etc.

City & State

ORLANDO FL

Zip 32806

Country USA

City & State

ORLANDO FL

Zip 32806

Country USA

4. FEI Number

59-3289438

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

POOLE, FLORENCE
3902 CURRY FORD ROAD
ORLANDO FL 32806

Name POOLE, Florence

Street Address (P.O. Box Number is Not Acceptable)
1680 S. Bumby Ave

City ORLANDO

FL

Zip Code 32806

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

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	P POOLE, JAMES E 4500 LESLYN COURT ORLANDO FL 32806	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T POOLE, FLORENCE A 4500 LESLYN COURT ORLANDO FL 32806	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Florence Poole
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Florence Poole
Treasurer

4/28/00

Date

894-8002
Daytime Phone #



DO NOT WRITE IN THIS SPACE

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90032 018 ***150.00

CR2E034 (9/99)