

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000091848

1. Entity Name

ABSOLUTE AUTO CENTER, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90027 013 ***150.00

Principal Place of Business

Mailing Address

4705 N. HALE AVE.
TAMPA FL 33614

4705 N. HALE AVE.
TAMPA FL 33614-6515

2. Principal Place of Business

4703 N. Hale Ave

3. Mailing Address

4703 N. Hale Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa, FL

4. FEI Number

59-3475377

Applied For

Not Applicable

Zip

33614

Country

Hills.

Zip

33614

Country

Hills

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

SMITH, SCOTT B
11414 CYPRESS PARK ST.
TAMPA FL 33624

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

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 ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
PST
SMITH, SCOTT B
11414 CYPRESS PARK ST.
TAMPA FL 33624

TITLE ☐ Change ☐ Addition

NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Delete

CITY-ST-ZIP

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Delete

CITY-ST-ZIP

STREET ADDRESS ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)