

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90114 024 ***150.00

DOCUMENT # P98000050073

1. Entity Name
BUCHHOLZ FRAME & BODYSHOP, INC.

Principal Place of Business

2208 NW 71ST PLACE
GAINESVILLE FL 32653
US

Mailing Address

P.O. BOX 290298
TAMPA FL 33687
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

59-3528419

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GALENTINE, DENNIS
10936 N. 56TH STREET, STE. 201
TEMPLE TERRACE FL 33617

7. Name and Address of New Registered Agent

Name

John N. Giordano

Street Address (P.O. Box Number is Not Acceptable)

Bush Ross Gardner Warren & Rudy, PA

220 S. Franklin Street

City

Tampa

FL

Zip Code

33602

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 John N. Giordano

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

(NOTE: Registered Agent signature required when reinstating)

3/5/02

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, 2002 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
NAME MITCHELL, DAVE
STREET ADDRESS 9816 U.S. HWY. 301 N.
CITY-ST-ZIP TAMPA FL 33637

TITLE P/VP/T/S and Director ☒ Change ☐ Addition
NAME Mitchell, Dave
STREET ADDRESS 9816 N. Hwy 301
CITY-ST-ZIP Tampa, FL 33637

TITLE VP ☒ Delete
NAME GALENTINE, DENNIS
STREET ADDRESS 10936 N. 56TH ST., #201
CITY-ST-ZIP TEMPLE TERRACE FL 33617

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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:

Dave Mitchell, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

813-984-6937

Daytime Phone #

CR2E034 (9/01)