

**2000 UNIFORM BUSINESS REPORT (UBR)**

4/1

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90136 049 \*\*\*150.00

**DOCUMENT # P99000004248**

1. Entity Name

**REAL DEAL AUTO SALES, INC.**

Principal Place of Business

7851 46TH AVENUE N.  
 ST. PETERSBURG FL 33709

Mailing Address

7851 46TH AVENUE N.  
 ST. PETERSBURG FL 33709-2354

2. Principal Place of Business

**CORRECT**

Suite, Apt. #, etc.

3. Mailing Address

**CORRECT**

Suite, Apt. #, etc.

City & State

**CORRECT**

City & State

**CORRECT**

Zip

**33709-2354**

Country

**FLORIDA**

Zip

**33709-2354**

Country

**U.S.A.**

FEN Number  
**59-3551464**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ACCOUNTING & TAX HELP, INC.**  
 8668 PARK BLVD.  
 SUITE A  
 SEMINOLE FL 33777

7. Name and Address of New Registered Agent

Name **Row GIBELLINA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**6363 1<sup>ST</sup> AVE NORTH**  
 City **ST. PETERSBURG, FL** Zip Code **33710**

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 **Row GIBELLINA** **Row GIBELLINA** **4/11/2000**  
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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>PRESIDENT</b>	<b>GARY GIBELLINA</b>	<b>49 A. DOLPHIN DRIVE</b>	<b>TREASURE ISLAND, FL 33706</b>		

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: **Gary Gibellina** **GARY GIBELLINA** **4/10/2000** **727-549-8022**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #