

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000006094

1. Entity Name

SPEEDY'S PIT STOP, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90115 016 ***150.00

Principal Place of Business

Mailing Address

2730 CENTRAL AVENUE
 PETERSBURG FL 33712

C/O 2730 CENTRAL AVENUE
 ST. PETERSBURG FL 33712

2. Principal Place of Business

3. Mailing Address

13800 us Hwy 19 N
 Suite, Apt. #, etc.

314 Belle Isle ave
 Suite, Apt. #, etc.

City & State

Clearwater FL

City & State

Belleair Beach FL

4. FEI Number

Applied For

☒ Not Applicable

Zip

33764

Country

Pinellas

Zip

33786

Country

Pinellas

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

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

Name

Dennis Campbell

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

314 Belle Isle ave

City

Belle air Beach

FL

Zip Code

33786

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

2-20-00

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. PSTD ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PSTD
 CAMPBELL, DENNIS
 2730 CENTRAL AVENUE
 ST. PETERSBURG FL 33712 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PSTD
 Dennis Campbell
 314 Belle Isle ave
 Belle air Beach FL 33786 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ 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 #

2-20-00

5939691

CR2E034 (9/99)