

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000010279

1. Entity Name

AUTOMOTIVE & MARINE SERVICES, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90387 030 ***150.00

Principal Place of Business

Mailing Address

6030 17TH STREET, EAST
 BRADENTON FL 34208

6030 17TH STREET, EAST
 BRADENTON FL 34203-5001

2. Principal Place of Business

6030 17th street

3. Mailing Address

6030 17th street

Suite, Apt., #, etc.

Suite, Apt., #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Bradenton FL

City & State

Bradenton FL

4. FEI Number

6508978517

Applied For

Not Applicable

Zip

34203

Country

USA

Zip

34203

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FREY, ROBERT J

6030 17TH STREET, EAST
 BRADENTON FL 34208

← Delete

7. Name and Address of New Registered Agent

Name

Kathy Bishop

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

2917 8th st west

City

Bradenton

FL

Zip Code

34205

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

[Signature]
 (NOTE: Registered Agent signature required when reinstating)

DATE

5/1/00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

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 Jeffrey M Bishop
 STREET ADDRESS 2917 8th st west Bradenton
 CITY-ST-ZIP FL 34203

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

TITLE ☐ Delete
 NAME Kathleen M Bishop
 STREET ADDRESS 2917 8th st west
 CITY-ST-ZIP Bradenton FL 34203

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00

Date

941 756 4089

Daytime Phone #

CR2E034 (Rev. 01)