

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000035016

1. Entity Name

ALL PRO AUTOMOTIVE, INC.

FILED

Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90040 024 ***158.75

Principal Place of Business

Mailing Address

1391 EUCLID AVENUE
NORTH FORT MYERS FL 33917

1391 EUCLID AVENUE
NORTH FORT MYERS FL 33917-3420

2. Principal Place of Business

218 Pondella Road

3. Mailing Address

218 Pondella Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

North Fort Myers, FL

City & State

North Fort Myers, FL

4. FEI Number

65-0914520

Applied For

Not Applicable

Zip

33903

Country

Zip

33903

Country

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

SABO, DANIEL
1391 EUCLID AVENUE
NORTH FORT MYERS FL 33917

Name

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

218 Pondella Road

City

North Fort Myers

FL

Zip Code

33903

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

Daniel Sabo

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

(NOTE: Registered Agent signature required when reinstating)

3/07/2000

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
SABO, DANIEL
1391 EUCLID AVENUE
NORTH FORT MYERS FL 33917 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
218 Pondella Road
North Fort Myers, FL 33903 ☒ 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
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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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:

Daniel Sabo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/07/2000

Date

(941) 995-3302

Daytime Phone #