

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000037471

1. Entity Name

SCOOTZ PAINT & BODY INC.

Principal Place of Business

Mailing Address

~~1909 PAINT AND BODY INC.~~
PORT ST. LUCIE FL 34984

~~1909 PAINT AND BODY INC.~~
PORT ST. LUCIE FL 34984

2. Principal Place of Business

1909 SW Biltmore St
Suite, Apt. #, etc.

3. Mailing Address

1909 SW Biltmore St
Suite, Apt. #, etc.

City & State

PT St Lucie FL

City & State

PT St Lucie FL

4. FEI Number

05-0925150

Applied For

Not Applicable

Zip

34984-4384

Country

USA

Zip

34984

Country

USA

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

CHRISTALDI, THOMAS

~~1909 PAINT AND BODY INC.~~

~~PORT ST. LUCIE FL 34984~~

Name

Thomas A. Cristaldi

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

2433 Independence Rd

City

PT St Lucie

FL

Zip Code

34953

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.

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Delete
NAME	Thomas Cristaldi
STREET ADDRESS	1909 Paint & Body S
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	Thomas Cristaldi
STREET ADDRESS	2433 Independence Rd
CITY-ST-ZIP	PT St Lucie FL 34953
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00

561-336-0467
Date Daytime Phone #

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

05-18-2000 90342 037 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)