

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90248 046 \*\*\*158.75

DOCUMENT # P99000050140

1. Entity Name

DARRYL'S AUTOMOTIVE, INC.

Principal Place of Business

Mailing Address

3709 OHIO AVE.
TAMPA FL 33611

3709 OHIO AVE.
TAMPA FL 33611-4250

604305



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4709 N. MALE AVE

3312 WALLACE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TAMPA FL.

TAMPA FL.

4. FEI Number

59-3580647

Applied For

Not Applicable

Zip

Country

Zip

Country

33614

Hillsborough

33611

Hillsborough

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUGHES, DARRYL M
3709 OHIO AVE.
TAMPA FL 33611

Name

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

City

FL

Zip Code

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

1-11-00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

X

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.

0

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Table with 7 rows for Officers and Directors. Includes columns for Title, Name, Street Address, and City-ST-ZIP. Includes checkboxes for Delete.

Table with 7 rows for Additions/Changes to Officers and Directors. Includes columns for Title, Name, Street Address, and City-ST-ZIP. Includes checkboxes for Change and 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

Darryl M. Hughes

Date

Daytime Phone #

1-11-00 (813) 873-8822