

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000073704

1. Entity Name

MIKE'S AUTO BODY OF CLEARWATER, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90057 033 ***150.00

Principal Place of Business

Mailing Address

12545 44TH ST. NORTH
CLEARWATER FL 33762

12545 44TH ST. NORTH
CLEARWATER FL 33762-5196

2. Principal Place of Business

4777 122nd Ave N.

3. Mailing Address

4777 122nd Ave N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Clearwater, FL

City & State

Clearwater, FL

4. FEI Number

59-3591836

Applied For

Not Applicable

Zip Country

33762

Zip Country

33762

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

COLLIER, JAMES H SR.
7421 BENT OAK DRIVE
PORT RICHEY FL 34668

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

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

TITLE **P** ☐ Delete
NAME **HOULE, MICHAEL ALLAN**
STREET ADDRESS **15615 MICHIGAN DRIVE**
CITY-ST-ZIP **CLEARWATER FL 33421**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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 **Michael A. Houle**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(727) 572-8437