

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 24, 2000 8:00 am
Secretary of State
 08-24-2000 90030 015 ***550.00

DOCUMENT # V63271

1. Entity Name
PAUL HOWARD'S PAINT & BODY SHOP, INC.

Principal Place of Business

**9101 NORTH NEBRASKA AVE.
 TAMPA FL 33604
 US**

Mailing Address

**16317 E. COURSE DR.
 TAMPA FL 33624
 US**

00080915

2. Principal Place of Business

9101 N. Nebraska Ave
 Suite, Apt. #, etc.

3. Mailing Address

9101 N. Nebraska Ave
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tampa FL

City & State

Tampa FL

4. FEI Number

59-3192935

Applied For

Not Applicable

Zip

Country

33604 USA

Zip

Country

33604 USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KOUSKOUTIS, N.M.
 114 S. PINELLAS AVE.
 TARPON SPRINGS FL 34689**

7. Name and Address of New Registered Agent

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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/D** ☐ Delete
 NAME **HOWARD, PAUL**
 STREET ADDRESS **16317 E COURSE DR**
 CITY-ST-ZIP **TAMPA FL 33624**

TITLE **V/D** ☐ Delete
 NAME **HOWARD, ED**
 STREET ADDRESS **4627 CLOVERLAWN DR**
 CITY-ST-ZIP **TAMPA FL**

TITLE **S/T** ☐ Delete
 NAME **HOWARD, CONSTANTINA**
 STREET ADDRESS **16317 E COURSE DR**
 CITY-ST-ZIP **TAMPA FL 33624**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 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 **25205 Bunting Circle**
 CITY-ST-ZIP **Land O' Lakes, FL 34639**

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

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **25205 Bunting Circle**
 CITY-ST-ZIP **Land O' Lakes, FL 34639**

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-21-00

Date

Daytime Phone #