

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90114 024 ***150.00

DOCUMENT # P98000050073

1. Entity Name
BUCHHOLZ FRAME & BODYSHOP, INC.

Principal Place of Business

2208 NW 71ST PLACE
GAINSVILLE FL 32653
US

Mailing Address

P.O. BOX 290298
TAMPA FL 33687
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3528419**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GALENTINE, DENNIS
10936 N. 56TH STREET, STE. 201
TEMPLE TERRACE FL 33617

7. Name and Address of New Registered Agent

Name **John N. Giordano**
 Street Address (P.O. Box Number is Not Acceptable) **Bush Ross Gardner Warren & Rudy, PA**
220 S. Franklin Street
 City **Tampa** **FL** Zip Code **33602**

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 **John N. Giordano**

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

(NOTE: Registered Agent signature required when reinstating)

3/5/02

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
 NAME **MITCHELL, DAVE**
 STREET ADDRESS **9816 U.S. HWY. 301 N.**
 CITY-ST-ZIP **TAMPA FL 33637**

TITLE **VP** ☒ Delete
 NAME **GALENTINE, DENNIS**
 STREET ADDRESS **10936 N. 56TH ST., #201**
 CITY-ST-ZIP **TEMPLE TERRACE FL 33617**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
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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 **P/VP/T/S and Director** ☒ Change ☐ Addition
 NAME **Mitchell, Dave**
 STREET ADDRESS **9816 N. Hwy 301**
 CITY-ST-ZIP **Tampa, FL 33637**

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

TITLE ☐ Change ☐ Addition
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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: **Dave Mitchell, President**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

813-984-6937

Daytime Phone #

MAINTENANCE

CR2E034 (9/01)