08/31/01 13:13 FAX 352 753 0496 MCLIN BURNSED 001

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000012001

1. Entity Name

EXECUTIVE AUTO COLLISION, LLC

FILED

01 SEP -4 PM 12: 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
7881 131st Place Bellview, FL 32526	7881 131st Place Bellview, FL 32526

2. Principal Place of Business	3. Mailing Address
7875 SE 131st Place	7086 SW 97th Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Summerfield, FL 34491	City & State: Ocala, FL 34476
Zip: 34491 Country: Marion	Zip: 34476 Country: Marion

4. FEI Number: 59-3674774 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

~~Newman, Richard P.~~
1000 West Main Street
Leesburg, FL 34749-1357

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

800004598938--3
-09/19/01--01072--008
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
M	Vetto, Gary A.	7086 SW 97th Place	Ocala, FL 34476	☐ Delete
M	Nancy Lee Vetto	39204 Tacoma Drive	~~Lady Lake, FL 32159~~	☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete

10. ADDITIONS/CHANGES

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Nancy Lee Vetto 8-31-01 352-259-3503

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #