

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90539 017 ***150.00

0891415 FP

DOCUMENT # V54777

1. Entity Name
D & P AUTO BODY & SON, INC.



Principal Place of Business
**16990 OLD 41
NAPLES FL 34110
US**

Mailing Address
**16990 OLD US 41
NAPLES FL 34110
US**

2. Principal Place of Business
14970 Old US 41
Suite, Apt. #, etc.
#3

3. Mailing Address
14970 Old US 41
Suite, Apt. #, etc.
#3

City & State
Naples, Florida
Zip
34110 Country
USA

City & State
Naples, Florida
Zip
34110 Country
USA

4. FEI Number **65-0362064**

Applied For
Not Applicable

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**PAULICH, JOHN III
3401 TAMiami TRAIL NORTH
SUITE 207
NAPLES FL 33940**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	RYCHWALSKI, DANIEL JR	
STREET ADDRESS	1720 20TH AVE NE	
CITY-ST-ZIP	NAPLES FL	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	RYCHWALSKI, RHONDA	
STREET ADDRESS	1720 20TH AVE NE	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rychwalski, Daniel JR	
STREET ADDRESS	5964 Sandwedge LN #307	
CITY-ST-ZIP	Naples, FL 34110	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rychwalski, Rhonda	
STREET ADDRESS	5964 Sandwedge LN #307	
CITY-ST-ZIP	Naples, FL 34110	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rychwalski*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/03 Date
239-597-3500 Daytime Phone #

CR2E034 (10/02)