

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91304 015 ***150.00

DOCUMENT # 375866

1. Entity Name
AUTO BODY PROS, INC.

Principal Place of Business

**6002 ADAMO DRIVE
TAMPA FL 33619**

Mailing Address

**6002 ADAMO DRIVE
TAMPA FL 33619**

2. Principal Place of Business

10402 MEADOW CROSSING DR

Suite, Apt. #, etc.

3. Mailing Address

10402 MEADOW CROSSING DR

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
TAMPA, FL

Zip
33647

Country
USA

City & State
TAMPA, FL

Zip
33647

Country
USA

4. FEI Number **59-1347665**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**DEBOLT, DONALD
2804 POINTER PL.
SEFFNER FL 33619**

7. Name and Address of New Registered Agent

Name
DONALD L. DEBOLT
Street Address (P.O. Box Number is Not Acceptable)
10402 MEADOW CROSSING DR.
City
TAMPA FL Zip Code
33647

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 **Donald L. Debolt** **5/10/01**
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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	VP DEBOLT, LEANN 2804 POINTER PL. SEFFNER FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEBOLT, DONALD 2804 POINTER PL. SEFFNER FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEBOLT, LEANN 10402 MEADOW CROSSING DR. TAMPA, FL 33647	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEBOLT, DONALD L. 10402 MEADOW CROSSING DR. TAMPA, FL 33647	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Donald L. Debolt** **5/10/01** **(813) 994-3041**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)