

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

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90196 047 ***150.00

DOCUMENT # 416084

1. Entity Name
FORT WALTON PAINT & BODY SHOP, INC.



Principal Place of Business
**37 BEAL PARKWAY N.E.
P.O. BOX 175
FT. WALTON BCH FL 32549**

Mailing Address
**37 BEAL PARKWAY N.E.
P.O. BOX 175
FT. WALTON BCH FL 32549**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1469109**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHARON, JEFF
37 BEAL PARKWAY NE
FT. WALTON BEACH FL 32548**

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

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

(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	PD	<input type="checkbox"/> Delete
NAME	SHARON, JEFF	
STREET ADDRESS	6072 TERRACE LANE	
CITY-ST-ZIP	CRESTVIEW FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SHARON, FRANK	
STREET ADDRESS	801 LINDEN AVE	
CITY-ST-ZIP	NICEVILLE FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SHARON, HARROLD	
STREET ADDRESS	768 LIVEOAK ST	
CITY-ST-ZIP	FREE-PORT FL 32439	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHARON, J.D.	
STREET ADDRESS	WISES BLUFF CHOCTAW RV	
CITY-ST-ZIP	BRUCE 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"/> Change <input type="checkbox"/> Addition
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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 an otherlike empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeff Sharon 4/21/03 850-243-3555

Date

Daytime Phone #

CR2E034 (10/02)