

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 470378

1. Entity Name

DICK'S AUTO BODY, INC.

Principal Place of Business

3220 PALM AVENUE
FT MYERS FL 33901-7428

Mailing Address

~~3220 PALM AVENUE~~
FT MYERS FL ~~33901-7428~~

PO Box 50278

33905

2. Principal Place of Business

4364 Skates Cir

Suite, Apt. #, etc.

City & State

3. Mailing Address

Box 50278

Suite, Apt. #, etc.

City & State

REINSTATEMENT

4. FEI Number

59-1613174

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHELHORN, RICHARD
4364 SKATES CIR
FT MYERS FL 33905

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 *Richard P. Shelhorn*

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
NAME PS *H*
STREET ADDRESS SHELHORN, PAUL
CITY-ST-ZIP 4364 SKATES CIR.
FT MYERS FL

TITLE ☐ Delete
NAME VPT
STREET ADDRESS SHELHORN, DELORES
CITY-ST-ZIP 4364 SKATES CIR.
FT. MYERS FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 300003470873--2
CITY-ST-ZIP -11/20/00--01124--014
*****750.00 *****750.00

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

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

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CITY-ST-ZIP

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

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:

SIGNATURES REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/24/00

941 332 2077

CR2E034 (5/00)