

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90053 009 ***150.00

0492814 AV

DOCUMENT # 475351

1. Entity Name

A-1 AUTO BODY & SALES, INC.

Principal Place of Business

23330 HARBOR VIEW RD
 1-B
 CHARLOTTE HARBOR FL 33980
 US

Mailing Address

23330 HARBOR VIEW RD
 CHARLOTTE HARBOR FL 33980
 US

2. Principal Place of Business

4211 KINGS HWY
 Suite, Apt. #, etc.

3. Mailing Address

4211 KINGS HWY
 Suite, Apt. #, etc.

City & State

PORT CHARLOTTE FLA

City & State

PORT CHARLOTTE FLA

Zip

Country

33980

Zip

Country

33980

4. FEI Number

59-1831958

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ORTHOUSE, GEORGE G
 106 SE SINCLAIR ST.
 PT. CHARLOTTE FL 33852

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

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, 2002 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 PST
 NAME ORTHOUSE, GEORGE G
 STREET ADDRESS 4211 KINGS HIGHWAY
 CITY-ST-ZIP CHARLOTTE FL

☐ Delete

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE
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 CITY-ST-ZIP

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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:

Kurt Benner
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/02
 Date

941/629-2727
 Daytime Phone #

CR2E034 (9/01)