

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 492257

1. Entity Name

CLEARVIEW AUTOBODY, INCORPORATED

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90031 001 \*\*\*317.50

Principal Place of Business

Mailing Address

950 N.E. 16TH ST.  
OCALA FL 34470  
US

950 N.E. 16TH ST.  
OCALA FL 34470-4206  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1647563

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

~~PRENDERGAST, DOUGLAS~~ LAPEER, RUSSELL W.  
~~950 NE 16TH ST~~ 445 N.E. 8th Avenue  
~~OCALA FL 34470~~ Ocala, Florida 34470

Name

LAPEER, RUSSELL W.

Street Address (P.O. Box Number is Not Acceptable)

445 N.E. 8th Avenue

City

Ocala

FL

Zip Code  
34470

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

*Russell W. LaPeer*

*Russell W. LaPeer*

4-19-2000

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ~~VD~~ ☒ Delete  
NAME ~~PRENDERGAST, CHARLES W CHIP~~  
STREET ADDRESS 8T PECAN DRIVE  
CITY-ST-ZIP Ocala FL 34462

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

TITLE ~~VFD~~ ☒ Delete  
NAME ~~PRENDERGAST, BARBARA~~  
STREET ADDRESS 3862 SW 41ST LANE  
CITY-ST-ZIP Ocala FL 34474

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

TITLE PSD ☐ Delete  
NAME PRENDERGAST, DOUGLAS  
STREET ADDRESS 950 NE 16TH ST  
CITY-ST-ZIP Ocala FL 34470

TITLE DPST ☒ Change ☐ Addition  
NAME PRENDERGAST, DOUGLAS  
STREET ADDRESS 950 NE 16th Street  
CITY-ST-ZIP Ocala, Florida 34470

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-2000

Date

(352) 732-3383

Daytime Phone #

CR2E034 19/99