

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 18, 2002 8:00 am**  
**Secretary of State**

09-18-2002 90051 008 \*\*\*150.00

**DOCUMENT # 492257**

1. Entity Name  
**CLEARVIEW AUTOBODY, INCORPORATED**

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

PO Box 6720

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

OCALA, FL

Zip

Country

Zip

34478

Country

BARBOS

4. FEI Number **59-1647563**

Applied For

Not Applicable

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

**LAPEER, RUSSELL W**  
**445 NE 8TH AVE**  
**OCALA FL 34470**

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

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, 2002 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing ☐ **\$5.00** May Be  
Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE \_\_\_\_\_  
NAME **DPST**  
STREET ADDRESS **PRENDERGAST, DOUGLAS**  
CITY-ST-ZIP **950 NE 16TH ST**  
**OCALA FL 34470**

☐ Delete

TITLE \_\_\_\_\_  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_

☐ Change ☐ Addition

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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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/02

Daytime Phone #

CR2E034 (4/02)

Attachment

872693

# 492257

## Division of Corp

I just received this 4.B.R. recently - it was not opened & therefore I didn't realize what it was -

The person that use to handle the corp paperwork rec. taxes & filing wasn't working for me & so I didn't even realize that tax & information forms were not done & needed to be done.

To the best of my knowledge this is the only form I received this year.

*[Signature]*

Address on form is rarely used as P.O. Box was opened a couple years ago due to vandals at street box.