

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 608862

1. Entity Name

LARRY KELLER'S BODY SHOP, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90077 004 ***150.00

Principal Place of Business

Mailing Address

882 NE POP TILTON PL.
JENSEN BCH. FL 34957-5009

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JENSEN BCH. FL 34957-5009

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1893940

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

KELLER, LAURENCE C.
1003 CAMELOT GARDENS BLVD
PORT ST. LUCIE FL 34952

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, 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 P
NAME KELLER, LAURENCE C.
STREET ADDRESS 1003 CAMELOT GARDENS
CITY-ST-ZIP PT. ST. LUCIE FL

TITLE P
NAME KELLER, LAURENCE C.
STREET ADDRESS 1003 CAMELOT GARDENS
CITY-ST-ZIP PT. ST. LUCIE FL

TITLE ST
NAME KELLER, SUZANNE M.
STREET ADDRESS 1003 CAMELOT GARDENS
CITY-ST-ZIP PT. ST. LUCIE FL

TITLE ST
NAME KELLER, SUZANNE M.
STREET ADDRESS 1003 CAMELOT GARDENS
CITY-ST-ZIP PT. ST. LUCIE FL

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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

4/24/2000

561 335-3348

CR2E034 (9/99)