

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 643757

1. Entity Name

FLORIDA AUTO BODY, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90024 028 ***150.00

Principal Place of Business

825 N W 61 ST
FT LAUDERDALE FL 33309

Mailing Address

825 N W 61 ST
FT LAUDERDALE FL 33309-2037

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-1963089

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SUPPE, JAMES
3971 COCONUT CREEK BOULEVARD
COCONUT CREEK FL 33066

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, 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SUPPE, JAMES	
STREET ADDRESS	3971 COCONUT CREEK BLVD.	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SUPPE, ERMINIA ANN	
STREET ADDRESS	3971 COCONUT CREEK BLVD.	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	SUPPE, JAMES STEVEN	
STREET ADDRESS	400 NE 1ST TERR	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Julia Suppe	
STREET ADDRESS	2275 S.E. 8th St.	
CITY-ST-ZIP	Pompano Beach, FL 33062	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Suppe, James Steven	
STREET ADDRESS	2275 S.E. 8th St.	
CITY-ST-ZIP	Pompano Beach, FL 33062	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES SUPPE

Date

Daytime Phone #

3-28-00 954 772-5440

CR2E034 (9/99)