

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 689194

1. Entity Name

ACCARDI'S COLLISION INC

Principal Place of Business

8293 N.W. 70 ST
TAMARAC FL 33321
US

Mailing Address

8293 N.W. 70 STREET
TAMARAC FL 33321-2749
US

2. Principal Place of Business

777 S. FEDERAL HWY.

3. Mailing Address

777 S. FEDERAL HWY.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT. B-103

APT. B-103

City & State

City & State

POMPANO BEACH, FL

POMPANO BEACH, FL

Zip

Country

Zip

Country

33062

U.S.A.

33062

U.S.A.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ACCARDI, RICHARD
8293 N.W. 70 STREET
TAMARAC FL 33321

Name

ACCARDI, RICHARD

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

777 S. FEDERAL HWY. APT. B-103

City

POMPANO BEACH

FL

Zip Code

33062

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]

(NOTE: Registered Agent signature required when reinstating)

4/26/00

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	PSD	<input type="checkbox"/> Delete
NAME	ACCARDI, RICHARD	
STREET ADDRESS	8293 N.W. 70 STREET	
CITY-ST-ZIP	TAMARAC FL 33321	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ACCARDI, RICHARD	
STREET ADDRESS	777 S. FEDERAL HWY. APT. B-103	
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 all other like empowered.

SIGNATURE

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26-00

Date

781 3999

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90793 036 ***150.00