2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 691618

1. Entity Name

B & C BODY & PAINT SHOP, INC.

b a o bob i a i i iii i o i o i i i i i i i i i i	√ + *					
Principal Place of Business	Mailing Address					
207 E MAGNOLIA ST LEESBURG FL 34748	207 E MAGNOLIA ST LEESBURG FL 34748					
2. Principal Place of Business	3. Mailing Address		-			
Suite, Apt. #, etc.	Suite, Apt. #, etc.					
City & State	City & State					
Zio · Country	Zip	Country				

FILED Feb 15, 2001 8:00 am Secretary of State 02-15-2001 90090 014 ***150.00

	7 E MAGNOLIA ST ESBURG FL 34748 LEESBURG FL 34748										
		. 4400,			_						
2. Principal P	cipal Place of Business 3. Mailing Address						<u> </u>				
Suite, Apt. #, etc. Suite, Apt. #, etc.						DO NOT WRI	TE IN THIS	SPACE			
City & State City & State				4. F	El Number	59-209815	3		plied For t Applicable		
Zip	· Country	Zip Cour		try	5. (5. Certificate of Status Desired			\$8.75 Add	litional	
	6. Name and Address of Current R	ealstered Agent			7. N	lame and A	dress of New F	egistered	<u>_</u>	·	~=
CASTELLI, PETER G. 207 E. MAGNOLIA ST.			Name								
			Street Address (P.O. Box Number is Not Acceptable)								
LEES	SBURG FL 34748			City				FI	Zip Code	9	
				Ony				FL	-		ĺ
8. The above	named entity submits this statement for t	the purpose of changing its	registere	ed office or regis	stered ag	ent, or both,	in the State of Fk	orida.			
SIGNATURE .		NOTE:	· 0!-!	d Agent signature requ	dend observe	linatation)		DATE			
	Signature, typed or printed name of registered agent and	d title if applicable. (NOTE	:: Hegistere	o Agent signature requ	inted when re	anstating)		DATE	<u> </u>		ł
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FE After MAY 1, 2001 F Make Check Payable to			01 Fee	will be \$550.0		I	on Campaign Fir Fund Contributio		\$5.0 □ Added	0 May Be I to Fees	}
11.	OFFICERS AND D	<u></u>	12.			DITIONS/CI	ANGES TO OFF	ICERS ANI	DIRECTOR	5 IN 11	ļ
TITLE	P	☐ Delete	TITLE	: [☐ Change	Addition	00/0
NAME	CASTELLI, PETER G		NAM	E							130
STREET ADDRESS CITY-ST-ZIP	10649 SUMMIT SQUARE DRIVE LEESBURG FL			ET ADDRESS -ST-ZIP					* * //* ·		DE034
TITLE		☐ Delete	TITLE						Change	☐ Addition	ä
NAME			NAM	i i							
STREET ADDRESS				ET ADDRESS -ST-ZIP							
CITY-ST-ZIP	The second secon		-		بينوند د -				Change	Addition	
TITLE		☐ Delete	TITLE	I .						Addition	
NAME STREET ADDRESS	ş			ET ADDRESS							ļ
CITY-ST-ZIP				-ST-ZIP							
TITLE		☐ Delete	TITLE				<u>-</u> ,		Change	Addition	
NAME		- Odloto	NAM	I							ł
STREET ADDRESS		,	· STRE	ET ADDRESS							
CITY-ST-ZIP			CITY	-ST-ZIP							
TITLE		☐ Delete	TITLE						Change	Addition	}
NAME			NAM	I							
STREET ADDRESS			1	ET ADDRESS -ST-ZIP							
CITY-ST-ZiP						•		<u> </u>	☐ Change	Addition	
TITLE		☐ Delete	TITLE	I					change		1
NAME CTREET ADDRESS			NAM STRE	ET ADDRESS							1
STREET ADDRESS CITY-ST-ZIP			1	-ST-ZIP							
	certify that the information supplied with the	his filing does nomualify for	the exe	mption stated in	Section	119.07(3)(i).	Florida Statutes.	I further ce	rtify that the in	nformation	1
indicated	and this repeat or arrandomental report is t	and and accurate and that a	nicolano	tura chall have t	ha cama	local affect o	e if made under	oath: that L	am an officer	or director	1

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.

PETER G. CASTELLI

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

01/17/01

352-787-3993

Daytime Phone #