2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 856900 INTER-INDUSTRY CONFERENCE ON AUTO COLLISION REPA IR INCORPORATED

Principal Place of Business

Mailing Address

3701 ALGONQUIN ROAD

3701 ALGONQUIN ROAD

FILED May 12, 2002 8:00 am Secretary of State 05-12-2002 90644 025 ****61.25

SURP. A.P. if etc. Suite, A.P. if etc. City & State Surpre, JAMES Surpre,		11) 2)2((2(2) a	/6	1 (88) 84 (818) 44		3 MEADOWS IL 60008	STE 400	00008	400 ING MEADOWS I	
City & State Country Coun							3. Mailing	`		
Zip Country Zip Country Zip Country S. Certificate of Status Desired S.8.75 Ar Fee Required Agent T. Name and Address of Naw Registered Agent T. Name and		SPACE	DO NOT WRITE IN THIS :	-		e, Apt. #, etc.	Suite,		suite, Apt. #, etc.	
SUPPE, JAMES SUPPE, JAMES SUSPE, JAMES SES N.W. 61ST STREET FT. LAUDERDALE FL 33309 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the state of Florida. SIGNATURE SIGNATURE Signame, Synd or printed nume of registered agent and size of applicable. PILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. SIGNATURE SIGNATURE SUPPE, JAMES Signame, Synd or printed nume of registered agent and size of applicable. PILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. SUPPE, JAMES SIGNATURE Signame, Synd or printed nume of registered agent and size of applicable. PILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. SUPPE, JAMES SIGNATURE Signame, Synd or printed nume of registered agent and size of applicable. PULCINSKI, CLARK PULCINSKI, CLARK PULCINSKI, CLARK PULCINSKI, CLARK POROWILLE MD 20855 TITLE PO	Applied For	4. FEI Number OC 0447F70 Applied For				& State	City &	City & State		
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ITY-ST-ZIP SEATTLE WA 98185 2. 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 supplemental report is true and accurate and that my signature shall be set to the section 119.07(3)(ii), Florida Statutes. I further certify that the information supplemental report is true and accurate and that my signature shall be set to the section 119.07(3)(ii), Florida Statutes. I further certify that the information supplemental report is true and accurate and that my signature shall be set to the section 119.07(3)(ii), Florida Statutes. I further certify that the information supplemental report is true and accurate and that my signature shall be set to the section 119.07(3)(ii), Florida Statutes. I further certify that the information supplemental report is true and accurate and that my signature shall be set to the section 119.07(3)(ii), Florida Statutes. I further certify that the information supplemental report is true and accurate and that my signature shall be set to the section 119.07(3)(ii), Florida Statutes. I further certify that the information supplemental report is true and accurate and that my signature shall be set to the section 119.07(3)(ii), Florida Statutes. I further certify that the information supplemental report is true and accurate and the section 119.07(3)(ii) and its section 119.07(3)(iii) and its section 119.07(3)			x 20241	MBLEE. GA	-ZIP	CITY-SI				

of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes. I further certify that the information of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE: