

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90054 014 ***150.00

DOCUMENT # F16494

1. Entity Name
SECOND GENERATION AUTO BODY SHOP INC.

Principal Place of Business Mailing Address
4607 OAKS ROAD 4607 OAKS ROAD
FT LAUDERDALE FL 33314-2204 FT LAUDERDALE FL 33314-2204

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 **59-2063214** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

TERMAN, JOSEPH
908 SW 149 TERRACE
SUNRISE FL 33326

7. Name and Address of New Registered Agent

Name **JOSEPH TERMAN**
 Street Address (P.O. Box Number is Not Acceptable)
1831 SW 116 AVENUE
 City **DAVIE** **FL** Zip Code **33325**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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, 2002 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 | TERMAN, JOSEPH | |
| STREET ADDRESS | 1831 SW 116TH AVE | |
| CITY-ST-ZIP | DAVIE FL | |
| TITLE | STD | <input checked="" type="checkbox"/> Delete |
| NAME | TERMAN, RAYMOND | |
| STREET ADDRESS | 5931 SW 112TH WAY | |
| CITY-ST-ZIP | COOPER CITY FL | |
| TITLE | V | <input checked="" type="checkbox"/> Delete |
| NAME | TERMAN, RAYMOND | |
| STREET ADDRESS | 5931 SW 112TH WAY | |
| CITY-ST-ZIP | COOPER CITY 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 | | <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 |
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| 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH TERMAN

4-09-02 (954) 791-1290

Date Daytime Phone #

CR2E034 (9/01)