

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 07, 2002 8:00 am**  
**Secretary of State**

08-07-2002 90172 024 \*\*\*550.00

**DOCUMENT # F60771**

1. Entity Name  
**ALL BREVARD COLLISION REPAIR, INC.**

Principal Place of Business

**ALL BREVARD COLLISION**  
**2730 PALM BAY RD. N.E.**  
**PALM BAY FL 32905**  
**US**

Mailing Address

**ALL BREVARD COLLISION**  
**2730 PALM BAY RD. N.E.**  
**PALM BAY FL 32905**  
**US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2163824**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NASH, CHARLES IAN**  
**930 S HARBOR CITY BLVD**  
**SUITE 505**  
**MELBOURNE FL 32901**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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	ST. <input type="checkbox"/> Delete
NAME	<b>RICHARDS, SUSAN</b>
STREET ADDRESS	<b>109 TUDOR ROAD S.W.</b>
CITY-ST-ZIP	<b>PALM BAY FL 32908</b>
TITLE	EVP <input type="checkbox"/> Delete
NAME	<b>KLENCK, JEROME W SR</b>
STREET ADDRESS	<b>96 KATHERINE BLVD</b>
CITY-ST-ZIP	<b>MELBOURNE FL 32904</b>
TITLE	D <input type="checkbox"/> Delete
NAME	<b>KLENCK, JEROME W. JR.</b>
STREET ADDRESS	<b>96 KATHERINE BLVD</b>
CITY-ST-ZIP	<b>MELBOURNE FL 32904</b>
TITLE	D <input type="checkbox"/> Delete
NAME	<b>KLENCK, MICHAEL</b>
STREET ADDRESS	<b>3319 VISTA OAKS CIRCLE NE</b>
CITY-ST-ZIP	<b>PALM BAY FL 32905</b>
TITLE	P <input type="checkbox"/> Delete
NAME	<b>KLENCK, MARK</b>
STREET ADDRESS	<b>272 GODFREY RD., SE</b>
CITY-ST-ZIP	<b>PALM BAY FL 32909</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PO Box 110486</b>
STREET ADDRESS	<b>Palm Bay FL 32911</b>
CITY-ST-ZIP	<b>Palm Bay FL 32911</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1205 Larkspur Drive</b>
STREET ADDRESS	<b>Sebastian FL 32958</b>
CITY-ST-ZIP	<b>Sebastian FL 32958</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>490 Periwinkle Drive</b>
STREET ADDRESS	<b>Sebastian FL 32958</b>
CITY-ST-ZIP	<b>Sebastian FL 32958</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>13610 N. Indian River Dr</b>
STREET ADDRESS	<b>Sebastian FL 32958</b>
CITY-ST-ZIP	<b>Sebastian FL 32958</b>
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:

**SUSAN RICHARDS**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)