

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90060 017 ***150.00

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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

Zip

Country

Zip

Country

4. FEI Number

59-2163824

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **ST** ☐ Delete
NAME **RICHARDS, SUSAN**
STREET ADDRESS **PO BOX 110486**
CITY-ST-ZIP **PALM BAY FL 32911**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **EVP** ☐ Delete
NAME **KLENCK, JEROME W SR**
STREET ADDRESS **1205 LARKSPUR DRIVE**
CITY-ST-ZIP **SEBASTIAN FL 32958**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **KLENCK, JEROME W. JR.**
STREET ADDRESS **490 PERIWINKLE DRIVE**
CITY-ST-ZIP **SEBASTIAN FL 32958**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **KLENCK, MICHAEL**
STREET ADDRESS **13610 N INDIAN RIVER DR**
CITY-ST-ZIP **SEBASTIAN FL 32958**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **KLENCK, MARK**
STREET ADDRESS **272 GODFREY RD., SE**
CITY-ST-ZIP **PALM BAY FL 32909**

TITLE **Mark Klenck P** ☒ Change ☐ Addition
NAME
STREET ADDRESS **1900 WIND BROOK DR SE**
CITY-ST-ZIP **PALM BAY FL 32909**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Susan Richards **Susan Richards** 1/9/03 (320) 727-0050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #