

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90120 032 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **F93000003945**

1. Corporation Name  
**UNITED BUMPER, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 14440 HICKORY FAIRWAY COURT, FORT MYERS FL 33912, US  
 Mailing Address: 14440 HICKORY FAIRWAY COURT, FORT MYERS FL 33912, US

3. Date Incorporated or Qualified: **08/24/1993**

4. FEI Number: **43-0831474**

5. Certificate of Status Desired:  Applied For,  Not Applicable. **\$8.75** Additional Fee Required.

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax:  Yes,  No

2. Principal Place of Business: 21, 22, 23, 24  
 2a. Mailing Address: 25, 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent  
**HORNICK, THOMAS G**  
**14440 HICKORY FAIRWAY COURT**  
**FORT MYERS FL 33912**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City: **FL**, 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORNICK, THOMAS G	1.2 NAME	
STREET ADDRESS	14440 HICKORY FAIRWAY COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	1.4 CITY-ST-ZIP	
TITLE	DVCS <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORNICK, BERNICE G	2.2 NAME	
STREET ADDRESS	14440 HICKORY FAIRWAY COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	2.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORNICK, BERNICE G	3.2 NAME	
STREET ADDRESS	14440 HICKORY FAIRWAY COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	3.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIELE, DANNY M.	4.2 NAME	<b>DANIELE, DANNY, M.</b>
STREET ADDRESS	300 HUNTER GLEN COURT	4.3 STREET ADDRESS	<b>300 HUNTER GLEN CT</b>
CITY-ST-ZIP	ELLISVILLE MO	4.4 CITY-ST-ZIP	<b>ELLISVILLE MO</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other files empowered.

SIGNATURE: *Thomas G. Hornick* Date: *5/14/99* Daytime Phone #: *941-768-3624*

CR2E034 (11/98)