

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 24, 2000 8:00 am
Secretary of State

08-24-2000 90032 007 ***558.75

DOCUMENT # F93000003945

1. Entity Name
UNITED BUMPER, INC.

Principal Place of Business
14440 HICKORY FAIRWAY COURT
FORT MYERS FL 33912
US

Mailing Address
14440 HICKORY FAIRWAY COURT
FORT MYERS FL 33912
US

2. Principal Place of Business
20627 WILDCAT RUN DR
 Suite, Apt. #, etc.

3. Mailing Address
20627 WILDCAT RUN DR
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
ESTERO, FL

City & State
ESTERO FL

4. FEI Number **43-0831474**

Applied For
 Not Applicable

Zip **33928** Country **LEE**

Zip **33928** Country **LEE**

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

HORNICK, THOMAS G
14440 HICKORY FAIRWAY COURT
FORT MYERS FL 33912

Name
 Street Address (P.O. Box Number is Not Acceptable)
20627 WILDCAT RUN DR
 City **ESTERO** FL Zip Code **33928**

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 **THOMAS G. HORNICK** *Thomas G Hornick* **7/24/00**
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, 2000 Min. 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 NAME STREET ADDRESS CITY-ST-ZIP	DCP HORNICK, THOMAS G 14440 HICKORY FAIRWAY COURT FT. MYERS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS DANIELE, DANNY M 300 HUNTER GLEN COURT ELLISVILLE MO	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 20627 WILDCAT RUN DR ESTERO, FL 33928
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 expose 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: *Thomas G Hornick* **7/24/00** **941-390-0772**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #