

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90111 028 ***158.75

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1. Entity Name
PARAMOUNT INSURANCE REPAIR SERVICE, INC.



Principal Place of Business
**201 HILBIG
CONROE TX 77301
US**

Mailing Address
**P O BOX 729
MONTGOMERY TX 77356
US**



☐ CHECK HERE IF MAKING CHANGES

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 **74-2753546**

Applied For

Not Applicable

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
KARM, DONALD M
7652 GREEN BRIAR RD
MADISONVILLE TX 77864** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP D
KARM, DONALD M.
7652 GREENBRIAR RD
MADISONVILLE TX 77864** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KARM, DWIGHT
RT 2 BOX 531
NORMANGEE TX 77871** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP D
KARM, DWIGHT R.
13714 FM 1452 WEST
NORMANGEE TX 77871** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KARM, WAYLON D
6738 FM 16
VAN TX 75790** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP D
KARM, WAYLON D.
6738 FM 16
VAN TX 75790** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HUGHES, RUTH A
19102 E CHALLE CIR
SPRING TX 77373** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P D
DEATON, CHARLES L.
19102 E- CHALLE CIRCLE
SPRING TX 77373** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
ABBOTT, WILLIAM D
111 APRIL WATERS LN
MONTGOMERY TX 77356** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST D
ABBOTT, WILLIAM D.
18700 PALM BEACH BLVD
MONTGOMERY TX 77356** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP D
WARD, ROBERT D.
20402 BRIGHTONWOOD
SPRING TX 77379** ☐ Change ☒ Addition

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: *William D. Abbott* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/03 (800) 800-1771

Date

Daytime Phone #

CR2E034 (10/02)