

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000002917

1. Entity Name

PEACH AUTO PAINTING AND COLLISION, INC.

FILED
Jun 02, 2000 8:00 am
Secretary of State

06-02-2000 90005 042 ***150.00

Principal Place of Business

Mailing Address

506 MACHESTER EXP.
SUITE A-2
COLUMBUS GA 31904
US

506 MACHESTER EXP.
SUITE A-2
COLUMBUS GA 31904
US

2. Principal Place of Business

3. Mailing Address

506 Manchester Exp

506 Manchester Exp.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite A-2

Suite A-2

City & State
Columbus, Ga.

City & State
Columbus, Ga.

Zip
31904

Country
USA

Zip
31904

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

58-2267932

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

JANSSEN, SHANNON
1705 WEST FAIRFIELD DR.
PENSACOLA FL 32501

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.

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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
CP
WILBANKS, LENWARD C
506 45TH ST., STE. A-Z
COLUMBUS GA 31904 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
GRIFFIN, LISA
506 45TH ST., STE. A-Z
COLUMBUS GA 31904 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
RODIER, LAURA
506 45TH ST., STE. A-Z
COLUMBUS GA 31904 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SCFO
WALTERS, JOSEPH W
506 45TH ST., STE. A-Z
COLUMBUS GA 31904 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-10-00

(706)-325-0000