

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000006342

1. Entity Name

ADT AUTOMOTIVE PAINTLESS DENT REPAIR, INC.

Principal Place of Business

C/O JEFFREY J. LENAR
435 METROPLEX DR.
NASHVILLE TN 37211

Mailing Address

C/O JEFFREY J. LENAR
435 METROPLEX DR.
NASHVILLE TN 37211

2. Principal Place of Business

3. Mailing Address

PO Box 5035

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Boca Raton FL

4. FEI Number

22-3679680

Applied For

Not Applicable

Zip

Country

Zip

33431 - 0835

Country

USA

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

CT 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.

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 CP
NAME MOORBY, TONY
STREET ADDRESS 435 METROPLEX DR.
CITY-ST-ZIP NASHVILLE TN 37211 ☐ Delete

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

TITLE VC
NAME REESE, LARRY C
STREET ADDRESS 435 METROPLEX DR.
CITY-ST-ZIP NASHVILLE TN 37211 ☐ Delete

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

TITLE D
NAME MCGEE, J. BRAD
STREET ADDRESS 435 METROPLEX DR.
CITY-ST-ZIP NASHVILLE TN 37211 ☐ Delete

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

TITLE V
NAME YOUNG, DAVID
STREET ADDRESS 435 METROPLEX DR.
CITY-ST-ZIP NASHVILLE TN 37211 ☒ Delete

TITLE VP / Asst. Treasurer
NAME Scott Stevenson
STREET ADDRESS One Town Center Rd
CITY-ST-ZIP Boca Raton FL 33486 ☐ Change ☒ Addition

TITLE ST
NAME BUZZELL, JAMES R
STREET ADDRESS 435 METROPLEX DR.
CITY-ST-ZIP NASHVILLE TN 37211 ☐ Delete

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

TITLE V
NAME MATTFOLK, JEFFREY D
STREET ADDRESS ONE TYCO PARK
CITY-ST-ZIP EXETER NH 03833 ☐ Delete

TITLE
NAME
STREET ADDRESS One Town Center Rd
CITY-ST-ZIP Boca Raton FL 33486 ☒ 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 C

Scott Stevenson
Vice President/Asst. Treasurer

4/25/01 (561) 988-7823

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE