

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000006342

1. Entity Name

ADT AUTOMOTIVE PAINTLESS DENT REPAIR, INC.

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90122 026 \*\*\*150.00

Principal Place of Business

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

Mailing Address

C/O JEFFREY J. LENAR  
P O BOX 5035  
BOCA RATON FL 33431-0835

2. Principal Place of Business

1400 LAKE HEARN DR.

Suite, Apt. #, etc.

CORP. TAX. DEPARTMENT

City & State

ATLANTA, GA

Zip

30319

Country

USA

3. Mailing Address

1400 LAKE HEARN DR.

Suite, Apt. #, etc.

CORP. TAX. DEPARTMENT

City & State

ATLANTA, GA

Zip

30319

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

22-3679680

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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's 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, 2001 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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MOORBY, TONY	
STREET ADDRESS	435 METROPLEX DR.	
CITY-ST-ZIP	NASHVILLE TN 37211	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	REESE, LARRY C	
STREET ADDRESS	435 METROPLEX DR.	
CITY-ST-ZIP	NASHVILLE TN 37211	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCGEE, J. BRAD	
STREET ADDRESS	435 METROPLEX DR.	
CITY-ST-ZIP	NASHVILLE TN 37211	
TITLE	VPAT	<input checked="" type="checkbox"/> Delete
NAME	STEVENSON, SCOTT	
STREET ADDRESS	ONE TOWN CENTER RD	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	BUZZELL, JAMES R	
STREET ADDRESS	435 METROPLEX DR.	
CITY-ST-ZIP	NASHVILLE TN 37211	
TITLE	V	<input type="checkbox"/> Delete
NAME	MATTFOLK, JEFFREY D	
STREET ADDRESS	ONE TOWN CENTER RD	
CITY-ST-ZIP	BOCA RATON FL 33486	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEAN H. EISNER	
STREET ADDRESS	1400 LAKE HEARN DR.	
CITY-ST-ZIP	ATLANTA, GA 30319	
TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARRYL M. BECCOLI	
STREET ADDRESS	1400 LAKE HEARN DR.	
CITY-ST-ZIP	ATLANTA, GA 30319	
TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT E. GARTIN	
STREET ADDRESS	1400 LAKE HEARN DR.	
CITY-ST-ZIP	ATLANTA, GA 30319	
TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREW A. MERDEK	
STREET ADDRESS	1400 LAKE HEARN DR.	
CITY-ST-ZIP	ATLANTA, GA 30319	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Am*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

404-843-5000 4/17/01

Date

Daytime Phone #

CR2E034 (10/00)