

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H86346

1. Entity Name

DIAMOND AUTO PAINTING & COLLISION CENTER OF PALM

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90037 011 ***150.00

Principal Place of Business

405 N. MILITARY TRAIL
WEST PALM BEACH FL 33415
US

Mailing Address

405 N. MILITARY TRAIL
WEST PALM BEACH FL 33415-2121

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2618210

Applied For

Not Applicable

Zip

Country

Zip

Country

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

AKSOMITAS, W WARD
6685 FOREST HILL BLVD
STE 206
WEST PALM BCH FL 33409

LAWRENCE-M. FUCHS, ESQ.

Street Address (P.O. Box Number is Not Acceptable)
590 ROYAL PALM BEACH BLVD.

ROYAL PALM BEACH

FL

Zip Code 33411

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

1-31-00

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 VD ☐ Delete
NAME WATSON, BRUCE
STREET ADDRESS 405 N MILITARY TRAIL
CITY-ST-ZIP WEST PALM BEACH FL

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

TITLE PD ☐ Delete
NAME WATSON, DAVID
STREET ADDRESS 405 N MILITARY TRAIL
CITY-ST-ZIP WEST PALM BEACH FL

TITLE *Vice President/ Director* ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST ☐ Delete
NAME ROONEY, GARY W
STREET ADDRESS 405 NO MILITARY TRAIL
CITY-ST-ZIP WEST PALM BCH FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/2/2000 561-686-2500

CR2E034 (9/99)