**2003 FOR PROFIT CORPORATION** 

## UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #** H97994

1. Entity Name

GOLDENROD AUTO BODY, INC.



## **FILED** Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90207 035 \*\*\*150.00

					. }							
C/O DAVID 7320 ALOM			C/O D 7320 A	Mailing Address C/O DAVID E. SMITH 7320 ALOMA AVENUE WINTER PARK FL 32792			-   	Distriction of the sector	Afrik Graf Araki di	Ose bloke ok	184 <b>010</b> 18 <b>6</b> 7081 101	<b>[</b> ]
2. Principal	I Place of Busine	ess	3. Mailir	3. Mailing Address								
Suite, Ap	ot. #, etc.		Suite,	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State				4. FEI Number	4. FEI Number 59-2643908 App			Applied For	$\Box$
Zip Country				Country	у	5. Certificate of Status Desired		Not Applicable  8.75 Additional ee Required		)le		
	6. Name a	nd Address of Curr	ent Registered	Agent		The second of the second of the second of	7. Name and A	Address of New			ired	
SMITH, [	DAVAD E			· · · · · ·		Name			. logistoreu A	Jern_		$\dashv$
7320 AL	OMA AVENUE Park FL 3279					Street Address (P.O. Box Number is Not Acceptable)						-
						City		· · · · · · · · · · · · · · · · · · ·	FL	Zip Co	de	-
8. The above	e named entity s	submits this statemen ed agent.	t for the purpos	of changing its	registered	office or registere	ed agent, or both.	in the State of El	Orida Lam for	milior with	200000000	_
trie obliga	ations of register	ed agent.					, , , , , , , , , , , , , , , , , , , ,	and Older Only	onda. Tamiai	Tilliat Will	i, and accep	
SIGNATURE	<u> </u>											
e de la companya del companya de la companya del companya de la co		orinted name of registered ag	ent and title if applical	ole. (NOTE	E: Registered A	gent signature required v	when reinstating)		DATE			ĺ
₹ F	FILE NOW!!!	REE IS \$150.00	>				2.51					$\dashv$
Make Checi	k Payable to F	Fee Wili be \$550.0 Iorida Department	of State	f State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.					
10.		OFFICERS AN	ID-DIRECTORS		11.	<del></del>	ADDITIONS/CH	HANGES TO OFF	ICERS AND D	IDECTOR	2C IN 1.1	4
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2. I hereby certify that the information supplied with this filing does not availify 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 at other the empowered.

CITY-ST-ZIP

SIGNATURE AND TYPES OF RINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE ( y