

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2002 8:00 am**  
**Secretary of State**

02-24-2002 90072 031 \*\*\*150.00

0116753 AV

**DOCUMENT # J58739**

1. Entity Name

**PAYNE 'N' SAINÉ AUTO BODY, INC.**

Principal Place of Business

% JIMMY L. SAINÉ  
 5801 N ATLANTIC #702  
 CAPE CANAVERAL FL 32920

Mailing Address

% JIMMY L. SAINÉ  
 5801 N ATLANTIC #702  
 CAPE CANAVERAL FL 32920

2. Principal Place of Business

**1600 PINECREST CT.**  
 Suite, Apt. #, etc.

3. Mailing Address

**1701 CAMBRIDGE DR.**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Cocoa, FL**

City & State

**Cocoa, FL**

4. FEI Number

**59-2765871**

Applied For

Not Applicable

Zip

**32922**

Country

**BREVARD**

Zip

**32922**

Country

**BREVARD**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SAINÉ, JIMMY L.**  
**5801 N ATLANTIC**  
**#702**  
**CAPE CANAVERAL FL 32920**

7. Name and Address of New Registered Agent

Name **Jimmy L. Saine**  
 Street Address (P.O. Box Number is Not Acceptable) **1701 Cambridge Dr.**  
 City **Cocoa** FL Zip Code **32922**

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

*Jimmy L. Saine*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**2-7-02**

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, 2002 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 **PT** ☐ Delete  
 NAME **SAINÉ, JIMMY L.**  
 STREET ADDRESS **5801 N ATLANTIC #702**  
 CITY-ST-ZIP **CAPE CANAVERAL FL**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 CITY-ST-ZIP

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TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PT** ☒ Change ☐ Addition  
 NAME **Jimmy L. Saine**  
 STREET ADDRESS **1701 Cambridge Dr.**  
 CITY-ST-ZIP **Cocoa, FL 32922**

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

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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 REQUIRED**

**2-7-02**

Date

**(321) 39-6771**

Daytime Phone #

CR2E034 (9/01)