

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90016 038 ****50.00

DOCUMENT # L00000004315

1. Entity Name

FORT MYERS COLLISION CENTER, LLC

DO NOT WRITE IN THIS SPACE

930363

2. Principal Place of Business

12490 metro Parkway
Suite, Apt. #, etc.

3. Mailing Address

12490 metro Parkway
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Fort myers Florida

Zip

33912

Country

City & State

Fort myers, Florida

Zip

33912

Country

4. FEI Number

59-3659948

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Scott Fink

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

3030 ~~Amk~~ Turtle Brook

City

Clearwater

FL

Zip Code

33761

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.

Tim McCabe

2/2/02
DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Scott Fink
3030 Turtle Brook
CLW, FL 33761

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Tim McCabe
3544 Landmark Trail
Palm Harbor, FL 34684

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)