

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90032 040 \*\*\*\*50.00

DOCUMENT # L02000009102



1. Entity Name  
**PREISS COLLISION, LLC**

Principal Place of Business  
**14027 U.S. HIGHWAY 19  
HUDSON FL 34668  
US**

Mailing Address  
**14027 U.S. HIGHWAY 19  
HUDSON FL 34668  
US**

**44001653**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**06-1688587**

Applied For

☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STROSS, HOWARD C  
33920 U.S. HWY 19 NORTH  
SUITE 351  
PALM HARBOR FL 34684**

Name **Steve Preiss**  
Street Address (P.O. Box Number is Not Acceptable)  
**14027 US Hwy 19 N**  
City **Hudson** FL Zip Code **34667**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-14-03**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **mgrm** ☐ Delete  
NAME **Steve m preiss**  
STREET ADDRESS **14027 US Hwy 19 N**  
CITY-ST-ZIP **HUDSON FL 34667 mgrm**

TITLE **mgrm** ☐ Delete  
NAME **Howard C STROSS**  
STREET ADDRESS **33920 US Hwy 19 N**  
CITY-ST-ZIP **PalM HarSon FL 34684**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **mgrm** ☐ Change ☒ Addition  
NAME **Steve m preiss**  
STREET ADDRESS **14027 US Hwy 19 N**  
CITY-ST-ZIP **HUDSON FL 34667**

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

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

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STREET ADDRESS  
CITY-ST-ZIP

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

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 REQUIRED**

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

**4-14-03**

Date

**777-863-2494**

Daytime Phone #

CR2E083 (10/02)