

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02026

1. Entity Name

AUTOSPORT PAINT AND BODY, INC.

FILED
Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90229 039 ***150.00

Principal Place of Business

1113 N.E. 5TH ST. HIGHWAY 44
CRYSTAL RIVER FL 34429
US

Mailing Address

1113 N.E. 5TH ST. HIGHWAY 44
CRYSTAL RIVER FL 34429
US

714502



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2957184**

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

SLOAN, JEFFREY S.
1113-N.E. 5TH STREET (HWY 44)
CRYSTAL RIVER FL 34429

Name

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

City

FL

Zip Code

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

Jeffrey S Sloan

2/4/01

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

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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	DP	<input type="checkbox"/> Delete
NAME	SLOAN, JEFFREY S	
STREET ADDRESS	1113-N.E. 5TH STREET (HWY 44)	
CITY-ST-ZIP	CRYSTAL RIVER FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SLOAN, NANCY	
STREET ADDRESS	5031 N. CROSSGATE POINT	
CITY-ST-ZIP	BEVERLY HILLS FL 34-465	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Jeffrey S Sloan

2/4/01

352-795-1420

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)