

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90142 043 ***150.00

DOCUMENT # L43757

1. Entity Name
H Q AUTO PAINTING & BODY REPAIR OF POMPANO BEACH, INC.



Principal Place of Business
**1915 NW 40 CT
15560 WOODMAR COURT
POMPANO BCH FL 33064
US**

Mailing Address
**%RICHARD KRAEPEL
15560 WOODMAR COURT
WEST PALM BEACH FL 33414**



2. Principal Place of Business

1915 NW 40 CT

Suite, Apt. #, etc.

3. Mailing Address

1915 NW 40 CT

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Pompano Beach FL

City & State

Pompano Beach FL

4. FEI Number

65-0163290

Applied For

Not Applicable

Zip

33064

Country

USA

Zip

33064

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KRAEPEL, RICHARD
15560 WOODMAR COURT
WEST PALM BEACH FL 33414**

7. Name and Address of New Registered Agent

Name

MARK KING

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

3890 W. Commercial Blvd #214

City

FT Lauderdale

FL

Zip Code

33309

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/10/03

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **KRAEPEL, RICHARD**
STREET ADDRESS **15560 WOODMAR COURT**
CITY-ST-ZIP **WELLINGTON FL**

TITLE **D** ☒ Delete
NAME **KRAEPEL, LUCILLE**
STREET ADDRESS **15560 WOODMAR COURT**
CITY-ST-ZIP **WELLINGTON FL**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **D** ☐ Change ☒ Addition
NAME **DANIEL NORRIS**
STREET ADDRESS **1915 NW 40 CT**
CITY-ST-ZIP **Pompano Beach, FL 33064**

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with or without other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/03
Date

9519708504
Daytime Phone #

CR2E034 (10/02)