

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90049 014 ***150.00

DOCUMENT # L71578

1. Entity Name
CLUNE'S AUTO BODY, INC.



Principal Place of Business
**23415 JANICE AVE
CHARLOTTE HARBOR FL 33980**

Mailing Address
**23415 JANICE AVE
CHARLOTTE HARBOR FL 33980**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0077108**

Applied For

Not Applicable

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

**LEE SR., CLUNE DENNIS
23415 JANICE AVENUE
CHARLOTTE HARBOR FL 33980**

Name **DIANA E CLUNE**

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

4136 MUNSON ST

City **PORT CHARLOTTE**

FL

Zip Code

33948

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 **X DIANA E. Clune Pres.**

(NOTE: Registered Agent signature required when reinstating)

DATE

1/19/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

TITLE **DPT** ☒ Delete
NAME **CLUNE, DENNIS LEE SR**
STREET ADDRESS **23415 JANICE AVE**
CITY-ST-ZIP **CHARLOTTE HARBOR FL**

TITLE **S** ☐ Delete
NAME **CLUNE, DIANA E**
STREET ADDRESS **4136 MUNSON STREET**
CITY-ST-ZIP **PORT CHARLOTTE FL 33948**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DPT** ☒ Change ☐ Addition
NAME **CLUNE, DIANA E**
STREET ADDRESS **4136 MUNSON ST**
CITY-ST-ZIP **PORT CHARLOTTE FLA 33948**

TITLE
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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 all other like empowered.

SIGNATURE: **X DIANA E. CLUNE PRES.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)