

2001 UNIFORM BUSINESS REPORT (UBR)

pg. 1 of 2

2290110

FILED

01 OCT 12 AM 10:19

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # L78627

1. Entity Name
PRECISION COLLISION PAINT & BODY, INC.

Principal Place of Business % FRANK PUETT 1318 OHIO AVE LYNN HAVEN FL 32444	Mailing Address % FRANK PUETT 1318 OHIO AVE LYNN HAVEN FL 32444
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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 59-3025242	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**PUETT, FRANK
1318 OHIO AVE
LYNN HAVEN FL 32444**

7. Name and Address of New Registered Agent

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 _____
(Signature, typed or printed name of registered agent and the filer if applicable) (NOTE: Registered Agent signature required when constituting) (DATE)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PUETT, FRANK 1318 OHIO AVE LYNN HAVEN FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PUETT, LINDA A 1318 OHIO AVE LYNN HAVEN FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PUETT, DAVID A 1318 OHIO AVE LYNN HAVEN FL 32444 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PUETT, FRANKIE 1318 OHIO AVE LYNN HAVEN FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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*****150.00***150.00**

[Handwritten Signature]

3. 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: *[Handwritten Signature]* **7-19-01**

CR2E034 (5/01)



"We Meet By Accident"
1318 Ohio Avenue
Lynn Haven, FL 32444
OFC: (850) 265-8352
FAX: (850) 265-1971

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Precision Collision Paint & Body, Inc.

October 11, 2001

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Corporation: Precision Collision Paint & Body, Inc
EIN 59-3025245
2001 Uniform Business Report

Dear Sir or Madam,

Please review the enclosed letter and copy of 2001 UBR, Document # L78627. As you will note, this information along with a check for \$150.00 was originally mailed on July 19 explaining that the reason the report was not timely renewed was because we did not receive the original renewal form for 2001.

The check that we sent was number 1859 dated July 19, 2001. Enclosed please find another check to replace that one. If you should receive check number 1859 please return it to us.

Again, we are requesting a waiver because we did not receive the original renewal form for 2001. Please call if you have any questions. Thank you in advance for your assistance.

Sincerely,

Grant Gibson,
Shop Manager