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

## Jun 16, 2003 8:00 am Secretary of State DOCUMENT # L78627 06-16-2003 90139 034 \*\*\*150.00 1. Entity Name PRECISION COLLISION PAINT & BODY, INC. Principal Place of Business Mailing Address PO BOX 1221 PO BOX 1221 LYNN HAVEN FL 32444 LYNN HAVEN FL 32444 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 59-3025242 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PUETT, FRANK Street Address P.O. Bax No. 4425 THOMAS DRIVE #412 PANAMA CITY BEACH FL 32408 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. 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change ☐ Addition ☐ Delete TITLE TIT! F PCF0 NAME NAME PUETT, FRANK STREET ADDRESS STREET ADDRESS IPO BOX 1221 CITY-ST-ZIP CITY-ST-ZIP YNN HAVEN FL 32444 ☐ Delete TITLE Change ☐ Addition TITLE P.O. Box 1221 NAME T NAME PUETT, LINDA A STREET ADDRESS STREET ADDRESS 1620 N NEVADA AVENUE CITY-ST-ZIP- ~ CITY+ST-73P <del>golorado springs fl</del> Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ■ Addition ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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:

**FILED** 

A41achment 90139817 L78627

MJT, INC.
An accounting organization

7631 Salacoa Road

Waleska, GA 30183 Phone: 770-796-4477

Fax: 770-796-4477

e-mail: nita.taylor@.att.net

June 12, 2003

Barbara Mitchell
Document Specialists
FLORIDA DEPARTMENT OF STATE
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Dear Ms. Mitchell:

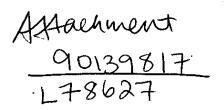
Re: PRECISION COLLISION PAINT & BODY SHOP, INC. 2003 UBR

I am sending you the UBR for my client, referenced above, for the year 2003, along with the \$150.00 filing fee.

We are late sending this report because of problems with the 2002 filing, that you so kindly helped us with, and because I did not receive the notice before May 1, 2003.

The art to Which office

TAND TO COMPANY OF STATES THE STATES THE STATES THE STATES THE STATES ST



Please accept this report and the filing fee so that this corporation can remain active. If for some reason you cannot accept this as filed, please let me know before you deposit my check.

Thank you for your help.

Kindest regards,

MJT, INC

Margaret Juanita Taylor

President