

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L89580

1. Entity Name

BILL USSERY MOTORS BODY SHOP, INC.

**FILED**  
May 18, 2001 8:00 am  
Secretary of State

05-18-2001 90016 013 \*\*\*158.75

Principal Place of Business

300 ALMERIA AVE  
SUITE 1600  
CORAL GABLES FL 33134  
US

Mailing Address

300 ALMERIA AVE  
SUITE 1600  
CORAL GABLES FL 33134  
US

976039



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 65-0218594

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

BROCKWAY, ROBERT W.  
300 ALMERIA AVE  
CORAL GABLES FL 33134

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 PD  
NAME BROCKWAY, JOHN  
STREET ADDRESS 300 ALMERIA AVE.  
CITY-ST-ZIP CORAL GABLES FL ☐ Delete

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

TITLE DEVP  
NAME BROCKWAY, ROBERT W  
STREET ADDRESS 300 ALMERIA AVE  
CITY-ST-ZIP CORAL GABLES FL ☐ Delete

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

TITLE DT  
NAME BROCKWAY, PATRICIA  
STREET ADDRESS 300 ALMERIA AVE.  
CITY-ST-ZIP CORAL GABLES FL ☐ Delete

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

TITLE D  
NAME BROCKWAY, BRENDA  
STREET ADDRESS 300 ALMERIA AVENUE  
CITY-ST-ZIP CORAL GABLES FL ☐ Delete

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

TITLE D  
NAME SERRATE, BETH  
STREET ADDRESS 300 ALMERIA AVENUE  
CITY-ST-ZIP CORAL GABLES FL ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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 another like empowered.

SIGNATURE:

*Robert W. Brockway*  
Robert W. Brockway Vice-President

April 26/01  
Date Daytime Phone #

CR2E034 (10/00)