

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000000933

1. Entity Name

COLLISION TEAM OF FLORIDA, LLC

Principal Place of Business

500 EAST OHIO STREET - 2ND FLOOR  
INDIANAPOLIS IN 46204

Mailing Address

500 EAST OHIO STREET - 2ND FLOOR  
INDIANAPOLIS IN 46204

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

35-2054408

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LARSH, SUSAN  
C/O AUTOCRAFTERS INTERNATIONAL  
1340 CASSAT AVENUE  
JACKSONVILLE FL 32205

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME  
MGRM MARTIN, KEVIN J  
STREET ADDRESS  
500 EAST OHIO STREET - 2ND FLOOR  
CITY-ST-ZIP  
INDIANAPOLIS IN 46204 ☒ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME  
MGRM Tucker, David A  
STREET ADDRESS  
500 East Ohio Street - 2nd Floor  
CITY-ST-ZIP  
Indianapolis, IN 46204 ☒ Change ☐ Addition

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

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*SIGNATURE REQUIRED*

9-21-01

(317)630-0863

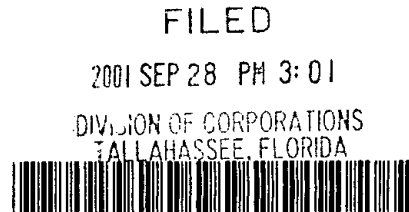
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

0005341 AB

CR2E083 (5/00)



DO NOT WRITE IN THIS SPACE