

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 13, 2001 8:00 am**  
**Secretary of State**

04-13-2001 90033 038 \*\*\*150.00

**DOCUMENT # P00000022500**

1. Entity Name

**ON THE SPOT PAINT REPAIR, INC.**

Principal Place of Business

**9030 LEDGESTONE LANE  
PORT RICHEY FL 34668**

Mailing Address

**9030 LEDGESTONE LANE  
PORT RICHEY FL 34668**

2. Principal Place of Business

**13801 Mattix Ave**

3. Mailing Address

**13801 Mattix Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Hudson Florida**

City & State

**Hudson Florida**

4. FEI Number

**59-3625629**

Applied For

Not Applicable

Zip

Country

**34667**

**USA**

Zip

Country

**34667**

**USA**

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

**BURGE, GARY  
9030 LEDGESTONE LANE  
PORT RICHEY FL 34668**

Name

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

**13801 Mattix Ave**

City

**Hudson**

**FL**

**34667**

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

*Gary W. Burge Jr.*

**Gary W. Burge Jr. - President**

**4/9/01**

Signature, typed or printed name of registered agent and date 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BURGE, GARY</b> <b>9030 LEDGESTONE LANE</b> <b>PORT RICHEY FL 34668</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BURGE, JENNIFER R</b> <b>9030 LEDGESTONE LANE</b> <b>PORT RICHEY FL 34668</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Gary Burge</b> <b>13801 Mattix Ave</b> <b>Hudson FL 34667</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT</b> <b>Jennifer Burge</b> <b>13801 Mattix Ave</b> <b>Hudson FL 34667</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/9/01**

Date

**727-697-0628**

Daytime Phone #

CR2E034 (10/00)