

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**  
 05-29-2002 90707 026 \*\*\*150.00

U1343329  
 AV

**DOCUMENT # P00000028025**

1. Entity Name  
**FLORIDA COLLISION & INSPECTION CENTERS, INC.**

Principal Place of Business  
**1910 NW 86TH AVE.  
 PEMBROKE PINES FL 33024**

Mailing Address  
**1910 NW 86TH AVE.  
 PEMBROKE PINES FL 33024**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**4044 NE 6 Ave**  
 Suite, Apt. #, etc.

3. Mailing Address  
**1910 NW 86 Ave**  
 Suite, Apt. #, etc.

City & State  
**Oakland Park, FL**  
 Zip  
**33334**  
 Country  
**USA**

City & State  
**Pembroke Pines FL**  
 Zip  
**33024**  
 Country  
**USA**

4. FEI Number **65-0990191**  
 Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**LEONARD, WILLIAM R  
 633 SO. ANDREWS AVE.  
 STE. 402  
 FORT LAUDERDALE FL 33301**

**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

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, 2002 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>P FORMAN, GEORGE M 1910 NW 86TH AVE. PEMBROKE PINES FL 33024</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: George Forman 4-15-02 (954) 443-8263  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)