

2001 UNIFORM BUSINESS REPORT (UBR)

0463969

DOCUMENT # P00000031263

1. Entity Name

BAY COLLISION CENTER, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUL 23 PM 2:34

Principal Place of Business

Mailing Address

2010 FULTON STREET
PANAMA CITY FL 32409

2010 FULTON STREET
PANAMA CITY FL 32409

2. Principal Place of Business

4643 Hwy 231

3. Mailing Address

4643 Hwy 231

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Panama City, FL

City & State

Panama City, FL

4. FEI Number

59-3650116

Applied For

Not Applicable

Zip 32404

Country USA

Zip 32404

Country USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STOPKA, ALBERT J
108 MOSLEY DRIVE
LYNN HAVEN FL 32444

7. Name and Address of New Registered Agent

Name KENNETH PRICE
Street Address (P.O. Box Number is Not Acceptable)
4643 Hwy 231
PANAMA CITY FL
City FL Zip Code 32404

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

Kenneth Price

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

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRESIDENT
STREET ADDRESS	KENNETH PRICE
CITY-ST-ZIP	5408 INDIAN BLUFF DRIVE YOUNGSTOWN, FL 32466
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

700004491827-5
-07/23/01--01096--011
*****150.00 *****150.00

8/1/01

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:

Kenneth Price KENNETH PRICE PRESIDENT

2-18-01

850-785 4307

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

Steiner & Company

Certified Public Accountants

**Phone (850) 784-0340
Fax (850) 784-4807**

**1714 West 23rd Street, Suite A
Panama City, Florida 32405**

July 18, 2001

Ms. Karon Beyer
Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: Corporation: Bay Collision Center, Inc.
EIN: 59-3650116
Document #: P00000031263
Form: 2001 Uniform Business Report

Dear Ms Beyer:

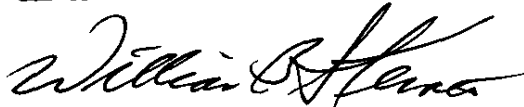
Please find enclosed a uniform business report form for the referenced corporation along with a check for the filing fee of \$150.00

This client's corporation was not timely renewed because the renewal form was mailed to an incorrect address.

We respectfully request your assistance in processing this renewal and a waiver of the penalty of \$400.00, due to the fact that the referenced corporation did not receive the original uniform business report form timely.

If you have any questions, please advise.

Sincerely,



William B. Steiner
Certified Public Accountant