05/07/2006 23:15 850-245-6061 FISCAL

FILED
May 17, 2006 8:00 am
Secretary of State
05-17-2006 90019 004 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P06000052901

1. Entity Name
NEW PALM COAST Auto BODY INC

DO NOT WRITE IN THIS SPACE

40093038
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4365 NW 100 E.	22 BULLDOG DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PALM COAST	City & State: PALM COAST FL
Zip: 32164 Country: FLAGLER	Zip: 32164 Country: FLAGLER

4. FEI Number ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: WILLIAM M HILLS

Street Address (P.O. Box Number is Not Acceptable):
21 CLEARVIEW Ct SOUTH

City: PALM COAST FL Zip Code: 32137

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 386 437 4380
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 5/11/06 Daytime Phone #

CR2E034R (12/00)

ATTACHMENT

400930385/12/06

#P000000052901

TO WHOM IT MAY CONCERN.

ALTHOUGH I SENT IN CARD FOR CORPORATION FORM. I DID NOT RECIEVE THEM. I CALLED YOUR DEPARTMENT PHONE # TO GET COPIES WHICH I HAVE JUST RECIEVED. THE LADY ON THE PHONE SAID TO SEND IN THE $150.00

PHONE 386 437 6380
FAX 386 437 0652

IF YOU NEED TO GET INTOUCH WITH ME.

THANK YOU.

W. Hills
OWNER