

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000085394

1. Entity Name

GULF SHORE COLLISION CENTERS, INC.

FILED
Jan 18, 2001 8:00 am
Secretary of State

01-18-2001 90020 027 ***150.00

Principal Place of Business

4178 ROBERTS POINT CIR
SARASOTA FL 34242

Mailing Address

4178 ROBERTS POINT CIR
SARASOTA FL 34242

2. Principal Place of Business

7906 Anderson Rd
Suite, Apt. #, etc.

3. Mailing Address

7906 Anderson Rd
Suite, Apt. #, etc.

D00004174



DO NOT WRITE IN THIS SPACE

City & State

Tampa FL

City & State

Tampa, FL

4. FEI Number

59-3668714

Applied For

Not Applicable

Zip

33624

Country

Zip

33624

Country

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

6. Name and Address of Current Registered Agent

BURR, TERRECE
7906 ANDERSON RD.
TAMPA FL 33634

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Terrence Burr
14903 Glasgow Ct
Tampa, FL 33624 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
Debra Burr
14903 Glasgow Ct.
Tampa, FL 33624 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary
Terri Young
4178 Roberts Point Circle
Sarasota, FL 34242 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: Debra Burr Debra Burr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-01

Date

813-496-1556

Daytime Phone #

CR2E034 (10/00)

0415942