

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2002 8:00 am
Secretary of State

02-10-2002 90038 026 ***150.00

0085391 AV

DOCUMENT # P00000099937

1. Entity Name
ACCURATE AUTOMOTIVE REPAIR, INC.

Principal Place of Business Mailing Address
~~346 SE GLENWOOD DR~~ 346 SE GLENWOOD DR
 PORT ST. LUCIE FL 34984 PORT ST. LUCIE FL 34984
1514 VILLAGE GREEN DR.

2. Principal Place of Business 3. Mailing Address
1514 VILLAGE GREEN DR. **SAME AS ABOVE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
PORT ST. LUCIE, FLA. 34952

City & State City & State
(34952)

Zip Country Zip Country
34952 St. Lucie

4. FEI Number **65-1053164** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
BINGHAM, FRANK S
346 SE GLENWOOD DR
PORT ST. LUCIE FL 34984

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 Frank Bingham DATE 1/15/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 | D BINGHAM, FRANK S 346 SE GLENWOOD DR PORT ST. LUCIE FL 37984 | 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"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input 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: Frank Bingham **FRANK BINGHAM** DATE 1/15/02 561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/01)