

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2003 8:00 am**  
**Secretary of State**

0037472 AV

05-21-2003 90194 004 \*\*\*150.00

DOCUMENT # P00000111564

1. Entity Name  
COURTESY COLLISION CENTER, INC.



Principal Place of Business  
4561 NW 8TH AVE  
OAKLAND PARK FL 33309

Mailing Address  
4561 NW 8TH AVE  
OAKLAND PARK FL 33309

2. Principal Place of Business  
6020 SHAKER WOODS CIRCLE

3. Mailing Address  
6020 SHAKER WOODS CIRCLE

Suite, Apt. #, etc.  
104-C

Suite, Apt. #, etc.  
104-C

City & State  
TAMARAC, FLORIDA

City & State  
TAMARAC, FLORIDA

Zip  
33319

Country  
USA

Zip  
33319

Country  
USA

4. FEI Number 65-1062560

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



## 6. Name and Address of Current Registered Agent

GUARNIERI, JOHN D JR  
7161 SW 15 ST  
PEMBROKE PINES FL 33023

## 7. Name and Address of New Registered Agent

Name  
GUARNIERI, JOHN D JR  
Street Address (P.O. Box Number is Not Acceptable)  
6020 SHAKER WOODS CIRCLE  
#104-C  
City  
TAMARAC FL Zip Code  
33319

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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  
D  
GUARNIERI, JOHN D JR  
7161 SW 15 ST  
PEMBROKE PINES FL 33023 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
STABIL, VINCENT  
15867 NW 10 ST  
PEMBROKE PINES FL 33028 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
GUARNIERI, JOHN D JR  
6020 SHAKER WOODS CIRCLE #104-C  
TAMARAC FL 33319 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-18-03

Date

Daytime Phone #

0000111564000

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0387472 AV

DOCUMENT # **P00000111564**

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**COURTESY COLLISION CENTER, INC.**



**TAXPAYERS COPY  
FOR YOUR FILES**

**80120633**

Principal Place of Business  
**4561 NW 8TH AVE  
OAKLAND PARK FL 33309**

Mailing Address  
**4561 NW 8TH AVE  
OAKLAND PARK FL 33309**

2. Principal Place of Business

**6020 SHAKER WOODS CIR**

Suite, Apt. #, etc.

**104-C**

3. Mailing Address

**6020 SHAKER WOODS CIR**

Suite, Apt. #, etc.

**104-C**

City & State

**TAMARAC, FLORIDA**

Zip

**33319**

Country

**USA**

City & State

**TAMARAC, FLORIDA**

Zip

**33319**

Country

**USA**

4. FEI Number

**65-1062560**

Applied For

Not Applicable

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Fee Required**

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PEMBROKE PINES FL 33023**

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Name

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Street Address (P.O. Box Number is Not Acceptable)

**6020 SHAKER WOODS CIR**

**#104-C**

City

**TAMARAC**

**FL**

Zip Code

**33319**

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Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **GUARNIERI, JOHN D JR**  
STREET ADDRESS **7161 SW 15 ST**  
CITY-ST-ZIP **PEMBROKE PINES FL 33023**

TITLE **D** ☐ Delete  
NAME **STABIL, VINCENT**  
STREET ADDRESS **15867 NW 10 ST**  
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition  
NAME **GUARNIERI, JOHN D JR**  
STREET ADDRESS **6020 SHAKER WOODS CIR #104-C**  
CITY-ST-ZIP **TAMARAC FL 33319**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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SIGNATURE: **John D. Guarnieri**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

60101 REVISED