

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000111741

1. Entity Name

Tallahassee Collision Center

Principal Place of Business

Mailing Address

4973 Capital Circle S.E.
Tallahassee, FL 32311

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip
32311

Country

Zip
32311

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

APPROVED
AND
FILED

01 JUN -7 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Bobby Knight
4973 Capital Circle S.E.
Tallahassee, FL 32311

Name Kendahl R. Daniels

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

1549 4973 Capital Circle S.E.
City Tallahassee FL Zip Code 32311

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

Kendahl R. Daniels

6-7-01

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

(NOTE: Registered Agent signature required when reappointing)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Knight, Bobby 463 Mark Ave. Tallahassee, FL 32304	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Revell, Garrett R. 9310 Old St. Augustine Rd. Tallahassee, FL 32308	☐ 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Revell, Garrett R. 9310 Old St. Augustine Rd. Tallahassee, FL 32308	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Daniels, Kendahl R. 1549 Patchwork Place Tallahassee, FL 32310	☐ 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

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:

Kendahl R. Daniels

6-7-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

June 7, 2001

Tallahassee Collision Center
never received their UBR
for 2001.

Kendahl R. Daniels