

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

07-15-2003 90023 040 ***150.00
P01000002859

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DOCUMENT # P01000002859

1. Entity Name
J & K AUTO BODY CORP.



FILED

03 SEP 17 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1372 A BLOUNTOWN HWY
TALLAHASSEE FL 32304

Mailing Address
2766 WEST BURY DR
TALLAHASSEE FL 32303

2. Principal Place of Business

1372 A Blountown Hwy
Suite, Apt. #, etc.

3. Mailing Address

1372 A Blountown Hwy
Suite, Apt. #, etc.

City & State

TALLAHASSEE

City & State

FLA

4. FEI Number

59-3700662

Applied For

Not Applicable

Zip
32304

Country
LEON

Zip
32304

Country
LEON

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MCCHARGUE, KENNY
2766 W BURY DR
TALLAHASSEE FL 32303

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. 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
MCCHARGUE, KENNY
2766 W BURY DR
TALLAHASSEE FL 32303

☐ Delete

TITLE
NAME
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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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

3/4/103

Date

Daytime Phone #

CR2E034 (10/02)