

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 19, 2003 8:00 A.M.
Secretary of State

DOCUMENT # *PD1000038471*
1. Entity Name
Professional Collision Center



DO NOT WRITE IN THIS SPACE

800020047138
05/28/03--01076--024 **150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4201 N. Palafox Street		3. Mailing Address Same	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State Pensacola, Florida		City & State Same	
Zip 32514	Country Escambia	Zip 32514	Country Escambia

4. FEI Number 59-3713170	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Paul James Forbush, Sr.
Street Address (P.O. Box Number is Not Acceptable) 7700 Beechwood Drive
City Pensacola
State FL
Zip Code 32514

6. 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: *Christopher Forbush* **Christopher Forbush** *4-29-03*
Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when renewing) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$200.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

8. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P - Paul James Forbush, Sr. 7700 Beechwood Drive Pensacola, FL 32514
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V - Christopher Bryant Forbush 1660 Rebecca Ave. Pensacola, FL 32534
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	3/T - Constance Forbush 7700 Beechwood Drive Pensacola, FL 32514
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information furnished 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 on an attachment with an address, with all other like empowerments.

SIGNATURE: *Christopher Forbush* **Christopher Forbush** *4-29-03* *850 444 9444*
Signature and typed or printed name of signing officer or director. Date. Business Phone.

CP-250048 (12/02)

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