## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## May 24, 2002 8:00 am Secretary of State DOCUMENT # P01000057445 03-06-2002 90130 018 \*\*\*150.00 1. Entity Name ANGELO'S COLLISION CENTER, INC. Principal Place of Business Malling Address m,b 142 CARSWELL AVE 142 CARSWELL AVE HOLLY HILL FL 32117-5010 HOLLY HILL FL 32117-5010 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-372.912.<del>\$</del> Not Applicable Zip Country -Z<del>i</del>p Country - - - - - -5. Certificate of Status Desired \$8.75 Additional 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name -PETTA, ANGELO Street Address (P.O. Box Number is Not Acceptable) 142 CARSWELL AVE HOLLY HILL FL 32117-5010 City Zip Code FI 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 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 Intengible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 (See criteria on back) Trust Fund Contribution Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE PRESIDENT ☐ Change (9/07) NAME Angelo Petta 142 Carswell NAME . .... STREET ADDRESS STREET ADDRESS CR2E034 CITY-ST-ZIF CITY-ST-ZIP 32117-5010 u Hill. FZ TITLE ☐ Delete TITLE VICE PRESIDENT Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS 12 corswell CITY-ST-ZIP CITY-ST-ZIP <u> 7 5010</u> OLLY HILL FL 321 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of the corporation or the receiver or flustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

Date

Daytime Phone 4

FILED