

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90078 014 ***150.00

0394604 AV

DOCUMENT # P01000084640

1. Entity Name

B&J'S AUTO BODY, INC.

d.b.a MAACO AUTO PAINTING & BODYWORKS

Principal Place of Business

4017 BAHIA ISLE CIR.
 WELLINGTON FL 33414

Mailing Address

4017 BAHIA ISLE CIR.
 WELLINGTON FL 33414

2. Principal Place of Business

804 OLD DIXIE HWY

Suite, Apt. #, etc.

4

City & State

LAKE PARK FL

Zip

Country

33403 W.P. BEACH

3. Mailing Address

804 OLD DIXIE HWY

Suite, Apt. #, etc.

4

City & State

LAKE PARK FL 33403

Zip

Country

33403 W.P. BEACH

4. FEI Number

65-1128575

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SISSON, LARRY

218 SOUTHERN COUNTRY LN.

QUINCY FL 32351

7. Name and Address of New Registered Agent

Name

JONAS AUGUSTE

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

4017 BAHIA ISLE CIR

City

WELLINGTON

FL

Zip Code

33467

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 *JONAS AUGUSTE*

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

(NOTE: Registered Agent signature required when remaining)

DATE

01-09-02

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, 2002 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

TITLE **DP** ☐ Delete
 NAME **AUGUSTE, JONAS**
 STREET ADDRESS **4017 BAHIA ISLE CIR.**
 CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE **V** ☒ Delete
 NAME **AUGUSTE, BERNARDINE B**
 STREET ADDRESS **4017 BAHIA ISLE CIR.**
 CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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 NAME
 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 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: *JONAS AUGUSTE*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-09-02

Date

Daytime Phone #

354-8764815

CR2E034 (9/01)