

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000109066

1. Entity Name
TRIPLE 'A' AUTO BODY SHOP, INC



FILED
09 APR 22 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
**Unit 11
17603 Murcott Blvd
Loxahatchee, FL 33470**

3. Mailing Address
**17603 Murcott Blvd
Loxahatchee, FL 33470**

4. FEI Number
01-0591138

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

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7. Name and Address of Current Registered Agent
Name: **SEWDAT RAMJEET, SATWATIE RAMJEET**
Street Address (P.O. Box Number is Not Acceptable): **17603 Murcott Blvd**
City: **Loxahatchee**
State: **FL** Zip Code: **33470**

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

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$250.00
Amended UBR is \$5.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
This Fund Contribution ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
	SEWDAT RAMJEET DPT	17603 Murcott Blvd	Loxahatchee, FL 33470
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
	SATWATIE RAMJEET	17603 Murcott Blvd	Loxahatchee, FL 33470
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP

11. I hereby certify that the information provided with this filing does not conflict with the information stated in Section 118.07(3)(b), Florida Statutes. I further certify that the information provided in the report of supplier is a true and accurate copy that my signature shall have the same legal effect as if made under oath. This information shall be subject to the review of public employees of the Department of State as required by Chapter 607, F.S. and that my name appears in Book 10 on an attachment with a address with the other fee on provided.

12. Signature: **Satwatie Ramjeet SATWATIE RAMJEET** **04.00.09**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Please excuse this form I have no access to computer, this is an old form only change is place of business which is 17603 Hooper Rd Unit 11 Loxahatchee, FL 33470

CR2E034B (12/02)