

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000122056

FILED
Jan 08, 2003
Secretary of State

Entity Name: COLLISION CONCEPTS, INC.

Current Principal Place of Business:

1875 SW 4 AVE,
BAY C1
DELRAY BCH, FL 33444 US

New Principal Place of Business:

Current Mailing Address:

1875 SW 4 AVE,
BAY C1
DELRAY BCH, FL 33444 US

New Mailing Address:

FEI Number: 80-0024633 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUINTELA, EDUARDO
1875 SW 4 AVE, BAY C1
DELRAY BCH, FL 33444

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: QUINTELA, EDWARD
Address: 1875 SW 4TH AVE C1
City-St-Zip: DELRAY BCH, FL 33444

Title: VTS () Delete
Name: QUINTELA, EDWARD
Address: 1875 SW 4TH AVE C1
City-St-Zip: DELRAY BCH, FL 33444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD QUINTELA

P

01/08/2003

Electronic Signature of Signing Officer or Director

_____ Date