


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

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90361 035 ***150.00

DOCUMENT # P02000021493	
1. Entity Name BOBBY O'S AUTO BODY & RESTORATION, INC.	

DO NOT WRITE IN THIS SPACE

11033962

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7641 Hooper RD.		3. Mailing Address 13563 BRIGHTSTONE ST.	
Suite, Apt. #, etc. Box 4		Suite, Apt. #, etc.	
City & State WEST PALM BEACH, FL.		City & State WELLINGTON, FL	
Zip 33411	Country	Zip 33414	Country PALM BEACH
4. FEI Number 03-6398746		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name ORTIZ, ROBERT	
Street Address (P.O. Box Number is Not Acceptable) 13563 BRIGHTSTONE ST.	
City WELLINGTON	FL Zip Code 33414

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE D	NAME ORTIZ, ROBERT	TITLE	
STREET ADDRESS 13563 BRIGHTSTONE ST.		STREET ADDRESS	
CITY - ST - ZIP WELLINGTON, FL 33414		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-03 361-7956211

Date

Daytime Phone #

CR2E034B (12/02)