

2000 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED

Jun 07, 2000 8:00 am
Secretary of State

05-16-2000 90071 005 ***150.00

DOCUMENT # P92000000024

1. Entity Name

POWERLINE AUTO BODY, INC.

Principal Place of Business

Mailing Address

2660 N.W. BOCA RATON BLVD.
BOCA RATON, FL 33431-1622
US

2660 NW BOCA RATON BLD.
BOCA RATON FL 33431
US

2. Principal Place of Business

same
Suite, Apt. #, etc.

3. Mailing Address

same
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0383684

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARCHON, ALEXANDRIA
447 NW 87TH TERRACE
CORAL SPRINGS FL 33071

Name Jeff Bradley

Street Address (P.O. Box Number is Not Acceptable)
1713 ARABIAN DRIVE

City Loxahatchee

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.

SIGNATURE

Jeff Bradley
Signature of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-28-00

DATE

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARCHON, ALEXANDRIA 1713 ARABIAN DRIVE LOXAHATCHEE FL 33470	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Alexandria Archon
Signature of officer, director, receiver or trustee

4-28-00

Date

Daytime Phone #

(561) 347-7244

CR2E034 (9/99)