

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1997 JAN 13 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000020748 (8)

1. Corporation Name

ULTIMATE AUTO BODY INCORPORATED

Principal Place of Business

Mailing Address

701 FAIRWOOD FOREST DRIVE
CLEARWATER FL 34619

701 FAIRWOOD FOREST DRIVE
CLEARWATER FL 34619

3. Date Incorporated or Qualified

03/16/1993

3a. Date of Last Report

02/02/1995

2. Principal Place of Business

21 701 FAIRWOOD FOREST DRIVE

2a. Mailing Address

26 SAME

4. FEI Number

59-3196051

Applied For

Not Applicable

Suite, Apt. #, etc.

22 -

Suite, Apt. #, etc.

27 -

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23 CLEARWATER FL

City & State

28 -

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Zip

24 -

Country

25 -

Zip

29 -

Country

30 -

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DEAN, JOHN
701 FAIRWOOD FOREST DR.
CLEARWATER FL 34619

10. Name and Address of New Registered Agent

81 Name

CARINNE URQUHART

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

13712 66TH ST N

83

84 City

CLEARWATER

FL

33771

Zip Code

33771

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

CARINNE URQUHART

CARINNE URQUHART

11/26/96

Signature typed or printed name of registered agent and not applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME DEAN, JOHN
STREET ADDRESS 701 FAIRWOOD FOREST DR.
CITY-ST-ZIP CLEARWATER FL 34619

TITLE V ☒ DELETE

NAME BERTSCAL, GINA
STREET ADDRESS 701 FAIRWOOD FOREST DR.
CITY-ST-ZIP CLEARWATER FL 34619

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☒ Addition

1.2 NAME CARINNE URQUHART
1.3 STREET ADDRESS 13712 66TH ST. N
1.4 CITY-ST-ZIP Largo, FL. 33771

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

REINSTATEMENT

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

200002059802--3
-01/16/97--01010--025
***375.00 ***375.00

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

JOHN F. DEAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/26/96 (813) 536-5592

DATE

Daytime Phone #

CR2E034 (3/96)