

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 26, 2001 08:00 AM**
Secretary of State**DOCUMENT # P93000074059**1. Entity Name
TAMPA COLLISION CENTER, INC.

Principal Place of Business	Mailing Address
701 FISK STREET SUITE 310 JACKSONVILLE 32204 FL	701 FISK STREET SUITE 310 JACKSONVILLE 32204 FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3215360

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentLAWRENCE M. MATHENY JR & PAMELA L. WIKER
701 FISK STREET
2ND FLOOR
JACKSONVILLE
32204
US**7. Name and Address of New Registered Agent**

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

02/26/2001

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, 2001 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	DST	☐ Delete
NAME	MATHENY LAWRENCE M. J	
STREET ADDRESS	701 FISK SR., STE 200	
CITY-ST-ZIP	JACKSONVILLE FL 32204	

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	VD	☐ Delete
NAME	LONG WILLIAM A	
STREET ADDRESS	11024 N. FLORIDA AVE	
CITY-ST-ZIP	TAMPA FL 33612	

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	PD	☐ Delete
NAME	GRAHAM HENRY HJR	
STREET ADDRESS	701 FISK ST., STE 310	
CITY-ST-ZIP	JACKSONVILLE FL 32204	

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	DC	☐ Delete
NAME	MCRAE WALTER AJR	
STREET ADDRESS	1725 MEMORIAL PARK DR.	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE	DC	☒ Change ☐ Addition
NAME	MCRAE WALTER AJR	
STREET ADDRESS	1725 MEMORIAL PARK DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32204	

TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Henry H. Graham, Jr.

PD

02/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)