

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000077424

1. Entity Name

D & H PRECISION REPAIR, INC.

Principal Place of Business

1791 N. DIXIE HWY.
POMPANO BEACH FL 33060

Mailing Address

1791 N. DIXIE HWY.
POMPANO BEACH FL 33060-5550

2. Principal Place of Business

1199 NW 3rd AVE

3. Mailing Address

1199 NW 3rd AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
POMPANO BEACH FL

City & State
POMPANO BEACH FL

4. FEI Number 65-0451051

Applied For
Not Applicable

Zip
33060

Country

Zip
33060

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

GRUNDLER, HELMUT
1791 N. DIXIE HWY.
POMPANO BEACH FL 33060

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)

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 P ☐ Delete
NAME GRUNDLER, HELMUT
STREET ADDRESS 1791 N. DIXIE HWY.
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 1199 NW 3rd AVE.
CITY-ST-ZIP POMPANO BEACH, FL 33060

TITLE VST ☐ Delete
NAME GRUNDLER, HELLENE
STREET ADDRESS 1791 N. DIXIE HWY.
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 1199 NW 3rd AVE.
CITY-ST-ZIP POMPANO BEACH, FL 33060

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
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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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/28/00 (954) 784-6722

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE