

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 04, 2002 8:00 am**  
**Secretary of State**

09-04-2002 90092 021 \*\*\*550.00

**DOCUMENT # P94000019532**

1. Entity Name  
**CLEWISTON AUTO BODY, INC.**

Principal Place of Business

**103 S. COMMERCIO  
 CLEWISTON FL 33440**

Mailing Address

**103 S. COMMERCIO  
 CLEWISTON FL 33440**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Clewiston FL**

City & State

**Clewiston FL**

4. FEI Number

**65-0473531**

Applied For

Not Applicable

Zip

**33440**

Country

Zip

**33440**

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**JONES, ROBERT D  
 590 ROYAL PALM BEACH BLVD.  
 ROYAL PALM BEACH FL 33411**

7. Name and Address of New Registered Agent

Name  
**Bay Miller, Kisker & Perry, P.A.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**401 S. WC OWEN AVENUE**

City  
**Clewiston FL** Zip Code  
**33440**

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 William C. Kisker Jr.  
 Signature, typed or printed name of registered agent and title if applicable.

William C. Kisker, Jr.  
 (NOTE: Registered Agent signature required when reinstating)

9/3/2002  
 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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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  
**PTS  
 DIPPEL, JEFFREY M  
 103 SOUTH COMMERCIO  
 CLEWISTON FL** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PTS  
 Dippel Jeffrey M  
 524 East OBispo  
 Clewiston FL 33440** ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**DV  
 NEWTON, DEAN T  
 103 SOUTH COMMERCIO  
 CLEWISTON FL** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**DV  
 Newton Dean T  
 524 East OBispo  
 Clewiston FL 33440** ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ 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: SIGNATURE REQUIRED  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-3-02

Date

863-983-0400

Daytime Phone #

CR2E034 (4/02)