

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000033310

1. Entity Name:

AMERICAN AUTO COLLISION & PAINT INC.

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 90231 008 \*\*\*158.75

Principal Place of Business

Mailing Address

4321 NE 6 AVE  
 OAKLAND PARK FL 33306

4321 NE 6 AVE  
 OAKLAND PARK FL 33306

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 **65-0486269**

Applied For

Not Applicable

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

SWANSON, GARY J JR.  
 6200 SW 10TH CT  
 NORTH LAUDERDALE FL 33068

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, 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 **D** ☐ Delete  
 NAME **SWANSON, GARY J JR.**  
 STREET ADDRESS **4321 NE 6 AVE**  
 CITY-ST-ZIP **OAKLAND PARK FL 33306**

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

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

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 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for 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 no 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

# AMERICAN

Auto Collision & Paint Inc.  
Complete Paint & Body

Attachment

660194

DOC# P94000033310

4321 N.E. 6th Ave • Oakland Park, Florida 33334 • (305) 561-7875 • Fax (305) 561-7885 • Lic. # 536

TO Department of State

My NAME is Gary Swanson, I writing this letter because I was unable to send my F16 fee in by it's due date, ON April 28 my wife went in for emergency surgery for the birth of my son, with all the complications she was not released for 3 weeks the entire time I had to close my shop, and take care of my 3 other children from 2 years to 7 years, THANK GOD everything was okay today is my first day back, when I rushed out of here on the day of surgery I was preparing this form. It is the first thing I'm doing today. In the past seven years I've never been late once I'm ~~truly~~ truly sorry for the mistake, I'm hoping that you will not bill me for the late fees THANKS

Gary Swanson