

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000052756

1. Entity Name
AUTOMOTIVE PAINT CENTER, INC.

1/21/02

Principal Place of Business
8536 HIGHWAY 301 NORTH
STARKE FL 32091

Mailing Address
P.O. BOX 1065
STARKE FL 32091

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

59-3323402

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, TOM A
23579 NW 38TH AVENUE
LAWTEY FL 32058

Name SMITH, SHANNON C,

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

2231 NW, 216TH STREET

City LAWTEY

FL

Zip Code 32058

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.

Shannon C. Smith

1/21/02

DATE

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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

TITLE DP Delete
NAME SMITH, TOM A
STREET ADDRESS 23579 NW 38TH AVENUE
CITY-ST-ZIP LAWTEY FL 32058

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D Change Addition
NAME SMITH, TOM A.
STREET ADDRESS 23579 NW 38TH AVENUE
CITY-ST-ZIP LAWTEY, FL 32058

TITLE DST Delete
NAME SMITH, GERALD
STREET ADDRESS 3003 196TH STREET
CITY-ST-ZIP STARKE FL 32091

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D Delete
NAME SMITH, SHANNON C
STREET ADDRESS 2231 NW 216TH STREET
CITY-ST-ZIP LAWTEY FL 32058

TITLE PD Change Addition
NAME SMITH, SHANNON C.
STREET ADDRESS 2231 NW 216TH STREET
CITY-ST-ZIP LAWTEY, FL 32058

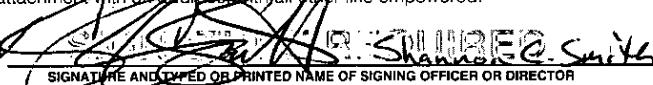
TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/02

(704) 964-8852

Daytime Phone #

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90321 037 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)