2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State
04-05-2001 90452 018 ***150.00

C0042832

DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000015687

1. Entity Name
COLLISION CONSULTANT CONNECTION, INC.

Principal Place of Business	Mailing Address
10889 NORTHWEST 46TH DRIVE CORAL SPRINGS FL 33076-2130 US	~~C/O GRUBER AND ASSOCIATES, P.A. 1650 SOUTHEAST 17TH ST., STE. 501 FT LAUDERDALE FL 33316-1735 US~~

2. Principal Place of Business		3. Mailing Address	
		10889 NW 46th Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Coral Springs FL	
Zip	Country	Zip: 33076-2130	Country: USA

4. FEI Number 65-0642401 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CAGGIANO, LENARD H
10889 NORTHWEST 46TH DR.
CORAL SPRINGS FL 33076-2130

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) 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	P/D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CAGGIANO, LENARD H		NAME		
STREET ADDRESS	10889 NORTHWEST 46TH DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33076-2130		CITY-ST-ZIP		
TITLE	VP/D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CAGGIANO, LINDA N		NAME		
STREET ADDRESS	10889 NORTHWEST 46TH DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33076-2130		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/00)

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] LENARD H. CAGGIANO 3/31/01 954 748 4477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #