

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000025626

1. Entity Name

D&H PROFESSIONAL AUTOBODY, INC.

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 91015 043 ***150.00

Principal Place of Business

430 S ORANGE BLOSSOM TRAIL
ORLANDO FL 32805

Mailing Address

430 S ORANGE BLOSSOM TRAIL
ORLANDO FL 32805

2. Principal Place of Business

430 S. Orange Blossom Trail
Suite, Apt. #, etc.

3. Mailing Address

430 S. Orange Blossom Trail
Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32805

Country

USA

Zip

32805

Country

USA

4. FEI Number

59-3373344

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HENRY, HERPHA
4563 LAVISTA DR
ORLANDO FL 32808

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

TITLE P
NAME HENRY, DAVE
STREET ADDRESS 430 S ORANGE BLOSSOM TRAIL
CITY-ST-ZIP ORLANDO FL 32805 ☐ Delete

TITLE S
NAME HENRY, HERPHA
STREET ADDRESS 430 S ORANGE BLOSSOM TRAIL
CITY-ST-ZIP ORLANDO FL 32805 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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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: *Herpha Henry*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HERPHA HENRY

03-20-01 (407) 649-4343

Date

Daytime Phone #

CR2E034 (10/00)

0084777