2000 UNIFORM BUSINESS REPORT (UBR)

Mar 22, 2000 8:00 am Secretary of State DOCUMENT # **P96000036977** AIRPORT AUTO BODY INC. 03-22-2000 90086 029 ***150.00 Mailing Address Principal Place of Business 2308 INDUSTRIAL BOULEVARD 2308 INDUSTRIAL BOULEVARD SARASOTA FL 34234-3122 SARASOTA FL 34234 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite: Apt. #, etc. Suite Apt-#-etc. -_-City & State 4. FEI Number Applied For City & State 65-0675880 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BULLOCK, STEVE Street Address (P.O. Box Number is Not Acceptable) 2308 INDUSTRIAL BOULEVARD SARASOTA FL 34234 Zip Code City FL 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) -FILE-NOW! IL-FEE IS-\$150.00-9.-This corporation is eligible to eatisfy its Intangible == 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE ☐ Change ☐ Addition TITLE ☐ Delete **BULLOCK, STEVE** NAME NAME 2308 INDUSTRIAL BOULEVARD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34234 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED

SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date Printed Name Printed Name of SIGNING OFFICER OR DIRECTOR