

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91039 026 ***150.00

DOCUMENT # P96000076970



1. Entity Name
XL AUTO PAINT & BODY, INC.

Principal Place of Business
**3042 STEEPLECHASE DR
LAKELAND FL 33811**

Mailing Address
**3042 STEEPLECHASE DR
LAKELAND FL 33811**



2. Principal Place of Business
1400 W Memorial Blvd
Suite, Apt. #, etc.

3. Mailing Address
3042 Steeplechase Dr.
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Lakeland Fl.

City & State
Lakeland Fl

4. FEI Number **59-3436048**

Applied For
Not Applicable

Zip
33815

Country
Polk USA

Zip
33811

Country
USA

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

**CONE, MICHAEL
3042 STEEPLECHASE DR
LAKELAND FL 33811**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Michael W Cone*
Signature, typed or printed name of registered agent and title if applicable.

4-2-03
DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CONE, MICHAEL W 3042 STEEPLECHASE DR LAKELAND FL 33811	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSVP CONE, RENEE' E 3042 STEEPLECHASE DR LAKELAND FL 33811	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael W Cone* **Michael W Cone** **4-2-03** **863 686 8085**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE034 (10/02)