

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90043 030 ***150.00

DOCUMENT # P96000099721

1. Entity Name

AMERICAN AUTOMOTIVE PAINT AND SUPPLY, INC.

Principal Place of Business

**85 N BEAL PKWY
 FT WALTON BEACH FL 32548
 US**

Mailing Address

**85A N BEAL PKWY
 FT WALTON BEACH FL 32548
 US**

2. Principal Place of Business

5833 STEWART ST

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

MILTON FL

City & State

Zip

32570

Country

US

Zip

Country

4. FEI Number **59-3426741**

Applied For

Not Applicable

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

**COLLUM, ARCHIE L JR
 5801 FOXWOOD RD
 MILTON FL 32570**

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 ☐ Delete
 NAME **PTD ARCHIE LEE COLLUM JR**
 STREET ADDRESS **5344 ANTHONY AVE**
 CITY-ST-ZIP **MILTON FL**

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

TITLE ☐ Delete
 NAME **S COLLUM, SHARON**
 STREET ADDRESS **5801 FOXWOOD RD**
 CITY-ST-ZIP **MILTON FL 32570**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

Archie Lee Collum Jr
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-11-01

Date

850-983-2590

Daytime Phone #

CR2E034 (10/00)