

Amended
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

02 AUG -5 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000004359**

1. Entity Name

Autosport Body Works & Restoration, Inc.
704 Industry Road
Longwood, FL 32750

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

704 Industry Road
Suite, Apt. #, etc.

3. Mailing Address

704 Industry Rd
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Longwood, FL

City & State

Longwood, FL

4. FEI Number

59-3407752

Applied For

Not Applicable

Zip

32750

Country

USA

Zip

32750

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Ron Truesdell

Street Address (P.O. Box Number is Not Acceptable)

50 W. Harding

City

Orlando

FL

Zip Code

32806

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.

Ron Truesdell, President 6/17/02

(NOTE: Registered Agent signature required when reinsuring)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so. ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

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

NAME

STREET ADDRESS

CITY - ST - ZIP

President

Ron Truesdell

50 W Harding St.

Orlando, FL 32806

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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******105.00 *****70.00**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

Secretary/Treasurer

Joanne Truesdell

6143 Darden Av

Orlando, FL 32812

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DO NOT WRITE

IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/17/02

Daytime Phone #

CR2E034B (12/01)

8/5/02