FILED

Jun 22, 1999 8:00 am Secretary of State

06-22-1999 90005 013 ***150.00

09-16-1999 90004 003 ***400.00

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000020204 1. Corporation Name

UNIVERSITY AUTO PAINT & BODY SHOP, INC.

1138 EAST FLETCHER AVENUE TAMPA FL 33612 1138 EAST FLETCHER AVENUE TAMPA FL 33612 DO NOT WRITE IN THIS SPACE 3, Date Incorporated or Qualified 03/05/1997 2, Principal Place of Business 2a, Mailing Address 4, FEI Number Applied Not Applied N
DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 4. FEI Number 5. Serificate of Status Desired 5. Certificate of Status Desired 6. Election Campaign Financing 7. Tust Fund Contribution 7. Name and Address of New Registered Agent 8. Street Address (P.O. Box Number is Not Acceptable) 7. Name and Address of New Registered Agent 8. Street Address (P.O. Box Number is Not Acceptable) 7. Name and Address of New Registered 8. Street Address (P.O. Box Number is Not Acceptable) 8. Street Address (P.O. Box Number is Not Acceptable) 8. Street Address (P.O. Box Number is Not Acc
2. Principal Place of Business 2. Mailing Address 2. Principal Place of Business 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. Country 2. Zip 2. Country 2. Zip 2. Country 3. Name and Address of Current Registered Agent 3. Name and Address of Current Registered Agent 3. Name and Address of New Registered Agent 4. FEIR Number 5. Certificate of Status Desired 6. Election Campaign Financing 7. Trust Fund Contribution 7. Address of New Registered Agent 7. This corporation owes the current year Intangible Personal Property. 7. Yes 7. None 7. Name and Address of New Registered Agent 7. Stipe Address of New Registered Agent 7. Name and Address of New Registered Agent 8. Name 8. Street Address (P.O. Box Number is Not Acceptable) 8. Street Address (P.O. Box Number is Not Acceptable) 8. Street Address (P.O. Box Number is Not Acceptable) 8. Stipe Address of New Registered Agent agent agent is registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, in am familiar with, and accept the obligations of, section 607.0505, Florida Statutes. 8. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 9. Note: Registered Agent signature required when reinstating) 9. DATE
2. Principal Place of Business 2. Amailing Address 2. Principal Place of Business 2. Amailing Address 3. Applies 5. Certificate of Status Desired 6. Election Campaign Financing 7. Trust Fund Contribution 7. Added to Fe 8. This corporation owes the current year 1. Intangible Personal Property. 7. Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes. 12. Street Address (P.O. Box Number is Not Acceptable) 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
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Suite, Apt. #, etc. Suite, Ap
Secretary Status
City & State Country Zip Country Zip Country Sip Country Sip Country Signature, typed or printed name of registered agent and Utle if applicable. City & State 6. Election Campaign Financing Trust Fund Contribution Trust Fund Contribution Struct Fund Contribution Country Signature, Intangible Personal Property. Yes No No Trust Fund Contribution Struct Country Street Address of New Registered Agent 10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) The Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
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Zip Country Zip Country B, This corporation owes the current year Intangible Personal Property. Yes No. 9. Name and Address of Current Registered Agent GRAHAM, CHERYL R 1138 EAST FLETCHER AVENUE TAMPA FL 33612 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 85 Zip Code 86 City FL 87 Signature view and accept the obligations of, section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registed agent, i am familiar with, and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
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25 29 30 Intangible Personal Property. Yes No 9. Name and Address of Current Registered Agent GRAHAM, CHERYL R 1138 EAST FLETCHER AVENUE TAMPA FL 33612 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 East office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE

CITY-ST-ZIP

8-19-99