

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90040 026 ***150.00

03/05/03 AV

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1. Entity Name
CONTINENTAL COLLISION CENTER, INC.

~~Principal Place of Business
904 CLEARWATER-LARGO RD
LARGO FL 33770~~

~~Mailing Address
904 CLEARWATER-LARGO RD
LARGO FL 33770~~

2. Principal Place of Business
6560 116 AVE
Suite, Apt. #, etc.
Suite B

3. Mailing Address
9431-119th way N
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
LARGO FL.
Zip
33771

City & State
Seminole FL.
Zip
33772

4. FEI Number **59-3448602**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, LESTER E III
904 CLEARWATER-LARGO RD
LARGO FL 33770

7. Name and Address of New Registered Agent

Name **SMITH, LESTER E III**
Street Address (P.O. Box Number is Not Acceptable)
9431-119 way N.
City **Seminole** FL Zip Code **33772**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	<input type="checkbox"/> Delete
PD	SMITH, LESTER E III	904 CLEARWATER-LARGO RD	LARGO FL 33770	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	SMITH, LESTER E. III	9431-119th way N	Seminole Florida 33772	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-03

Date

727-420-5780

Daytime Phone #

CR2E034 (10/02)