

2500 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90007 039 ***150.00

DOCUMENT # P97000031256

1. Entity Name
1ST REQUEST AUTO TOUCH UP & PAINT REPAIR, INC.

Principal Place of Business
**545 PLATT CIRCLE
 MELBOURNE VILLAGE FL 32904
 US**

Mailing Address
**545 PLATT CIRCLE
 MELBOURNE VILLAGE FL 32904-2530
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
696 LINVILLE FALLS DR.
 Suite, Apt. #, etc.

3. Mailing Address
696 LINVILLE FALLS DR.
 Suite, Apt. #, etc.

City & State
WEST MELBOURNE FL.
 Zip
32904
 Country
US

City & State
WEST MELBOURNE FL.
 Zip
32904
 Country
US.

4. FEI Number **59-3449122**
 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

**HANSEN, GERALD
 696 LINVILLE FALL DRIVE
 WEST MELBOURNE FL 32904**

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	HANSEN, GERALD L	
STREET ADDRESS	696 LINVILLE FALL DRIVE	
CITY-ST-ZIP	WEST MELBOURNE FL 32904	
TITLE	V	<input type="checkbox"/> Delete
NAME	HANSEN, ANA MARIA	
STREET ADDRESS	545 PLATT CIR.	
CITY-ST-ZIP	MELBOURNE FL 32904	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Gerald L Hansen* **GERALD L. HANSEN** 4-25-00 321-220-9749
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)