

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2001 8:00 am**  
**Secretary of State**  
 05-12-2001 90052 039 \*\*\*150.00

**DOCUMENT # P97000042177**

1. Entity Name

**NATIONAL PAINT & BODY SHOP, INC.**

Principal Place of Business

**66 WEST MICHIGAN STREET  
 ORLANDO FL 32806**

Mailing Address

**66 WEST MICHIGAN STREET  
 ORLANDO FL 32806**

2. Principal Place of Business

**80 W. MICHIGAN ST.**

3. Mailing Address

**80 W. MICHIGAN STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Orlando, FL.**

City & State

**Orlando, FL**

Zip

**32806-**

Country

**ORANGE**

Zip

**32806-**

Country

**ORANGE**

4. FEI Number

**59-3448974**

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

**FERNANDEZ, MODERSTO A  
 66 WEST MICHIGAN STREET  
 ORLANDO FL 32806**

Name

**MODESTO A. FERNANDEZ**

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

**121 Butler Dr.**

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

*Modesto A. Fernandez*  
 Signature, typed or printed name of registered agent and title if applicable.

**MODESTO A. FERNANDEZ**

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-26-01**

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          | PD                   | <input type="checkbox"/> Delete |
| NAME           | FERNANDEZ, MODESTO A |                                 |
| STREET ADDRESS | 80 N MICHIGAN ST     |                                 |
| CITY-ST-ZIP    | ORLANDO FL 32806     |                                 |
| TITLE          | VPSD                 | <input type="checkbox"/> Delete |
| NAME           | URENA, ALEJANDRO G   |                                 |
| STREET ADDRESS | 6573 ABERCROMBIE CT. |                                 |
| CITY-ST-ZIP    | ORLANDO FL 32835     |                                 |
| TITLE          |                      | <input type="checkbox"/> Delete |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-ST-ZIP    |                      |                                 |
| TITLE          |                      | <input type="checkbox"/> Delete |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-ST-ZIP    |                      |                                 |
| TITLE          |                      | <input type="checkbox"/> Delete |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-ST-ZIP    |                      |                                 |
| TITLE          |                      | <input type="checkbox"/> Delete |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-ST-ZIP    |                      |                                 |

|                |                      |  |
|----------------|----------------------|--|
| TITLE          | Pres.                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | MODESTO A. FERNANDEZ |  |
| STREET ADDRESS | 121 Butler Dr.       |  |
| CITY-ST-ZIP    | Orlando, FL. 32806   |  |
| TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |
| TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |
| TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |
| 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:

*Modesto A. Fernandez*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4-26-01** 407  
 425-3061  
 Daytime Phone #

CR2E034 (10/00)