2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachmer

SIGNATURE:

Jan 08, 2001 8:00 am Secretary of State 01-08-2001 90067 028 ***150.00 DOCUMENT # P97000074030 LAKE COUNTY COLLISION, INC. Principal Place of Business Mailing Address 112 W. GRIFFEN VIEW DR. 112 W GRIFFIN VIEW DR LADY LAKE FL 32159 LADY LAKE FL 32159 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State 59-3473378 City & State Not Applicable \$8.75 Additional Country Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent EVERS. GEORGENE D 37048 MILLSTREAM CT 37048 MIL EUSTIS FL 32736 Zip Code **3273**6 submits this statement for the puppose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) PRESIDENT ☐ Addition Change . TITLE ☐ Delete JJJLE EVERS, ROSS E.JR. EVERS, ROSS E JR. NAME NAME W. GRIFFINVIEW DR. STREET ADDRESS STREET ADDRESS 112 W GRIFFIN VIEW DR CITY-ST-ZIP NLAKE, FL 32159 CITY-ST-ZIP LADY LAKE FL 32159 Addition 🕼 Change ☐ Defete TITLE EVERS. GEORGENE NAME NAME STREET ADDRESS 112 W GRIFFIN VIEW DR STREET ADDRESS City-ST-ZIP CITY-ST-ZIP LADY LAKE FL 32159 Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIF ☐ Change ☐ Delete ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 receives of 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

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