

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90359 015 ***150.00

0072157

DOCUMENT # P97000075058

1. Entity Name

INSURANCE REPAIR CORPORATION OF AMERICA

Principal Place of Business

**428 HARBOR ISLAND RD.
 ORLANDO FL 32809**

Mailing Address

**3936 S SEMORAN BLVD
 1405
 ORLANDO FL 32822
 US**

818782



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4250 Albritton Rd

3. Mailing Address

Suite, Apt. #, etc.

City & State

St. Cloud, FL

City & State

4. FEI Number

59-3469113

Applied For

Not Applicable

Zip

34772

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**FERRIN, LISA J
 428 HARBOR ISLAND RD.
 ORLANDO FL 32809**

7. Name and Address of New Registered Agent

Name

LISA J. FERRIN

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

4250 Albritton Rd

City

St. Cloud

FL

Zip Code

34772

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 of Lisa J. Ferrin]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-25-01

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

TITLE **D** ☐ Delete
 NAME **FERRIN, LISA J**
 STREET ADDRESS **428 HARBOR ISLAND RD.**
 CITY-ST-ZIP **ORLANDO FL 32809**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **4250 Albritton Rd**
 CITY-ST-ZIP **St. Cloud, FL 34772**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

[Signature of Lisa J. Ferrin]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LISA J. FERRIN 1-25-01

Date

Daytime Phone #

407 891-2879

CR2E034 (10/00)