1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DIVISIO

DOCUMENT # P97000087768

UNIVERSAL COLLISION, INC.

FILED Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90088 022 ***150.00



					<u> </u>			. Dille: 1511 1581
Principal Place of Business Mailing Address								
149 FERN ST. 149 FERN ST.								
JUPITER FL 33458 JL		JUPITER FL 33458	JUPITER FL 33458		DO NOT WRITE	IN THIS S	SPACE	
				·	3. Date incorporated or Qualified			
					10/09/1997			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Ar	plied For
21 138 FERN STREET 26 134 FERN			STREET		65-0787171		No	ot Applicable
Suite, Apt.		Suite, Apt. #, etc.					\$8.75	Additional
22	BAVC	27 BAYC			5. Certifcate of Status Desired		Fee Re	equired
City & State		City & State			6. Election Campaign Financing		\$5.00	May Be
23 TUP/	TEL FLORIDA	28 SUPITER PL	DRI	0/1	Trust Fund Contribution		Added	to Fees
Zip	Country	Zip			8. This corporation owes the curren	t year Intai	ngible	Ji
24 3346	8 25 USA	29 33 458 30	Country	7	Personal Property Tax.		Yes	DXNo
, , , , , , ,	9. Name and Address of Current	Registered Agent			10. Name and Address of New Re	gistered A	gent	,
			81	Name P.	m C			
EDLER, RAY A				Street sheld	dress (P.O. Box Number is Not Acceptable	e)		
149-FERN ST. JUPITER-FL-33458				3/6	FRRN STREET	_,		
				AAI	18.			
				City (os Zin	Code
			84	JUP:	1ER	FL	1° 474	500
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above	e-named cor	poration submits this statement for the pu	rpose of c	hanging its	registered
office or re	egistered agent, or both, in the State or	Fiorida Such change was authorida	orized by	the corpora	tion's board of directors. Thereby accept	the appoint	ment as re	gistered
	Transinal with, and accept the obligation	500	Ciardica	•	1/14/9	9		ļ
SIGNATURE	Signature, typed or minted name or registered agent	and title if applicable. (NOTE: Re	gistered Ager	it signature requi	ired when reinstating)	DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTO	ORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		, <u>, , , , , , , , , , , , , , , , , , </u>		☐ Change	☐ Addition
NAME	EDLER, RAY A		1.2 NAME					
STREET ADDRESS	326 JUPITER LAKE BLVD. #230	1B	1.3 STREET	ADDRESS				l
CITY-ST-ZIP	JUPITER FL 33458		1.4 CITY-S	T-ZIP				
TITLE	D	□ DELETE	2.1 TITLE	1)	1/	Change	☐ Addition
NAME	SMITH, BETTINA	•	2.2 NAME	[c	WALL BUSTINA - VI	e le/t-	e	ļ
STREET ADDRESS	149 FERN-ST.		2.3 STREE	ADDRESS III	H CONSTRUCT B	ave-	-	
)	JUPITER FL-33458		2. 4 CITY-S	° (=	101710 F1-3745X			
CITY-ST-ZIP TITLE	OUTTEN-TE-33430	☐ DELETE	3.1 TITLE	N-21	IVFICE, VE 3 3 CV		Change	Addition
) I			3.2 NAME					
NAME				FADDRESS				
STREET ADDRESS								
C/TY-ST-Z/P		□ DELETE	3.4. CITY-5 4.1 TITLE	11-211		 -	Change	Addition
TITLE		C OCILIC						
NAME		·	.4.2 NAME.	TADDDESS.		, ,		
STREET ADDRESS			4.3 STREET					
CiTY-ST-ZIP		DELETE	4.4 CITY-S	1-ZIP			Change	Addition
TITLE		□ hereie	5.1 TITLE 5.2 NAME					
NAME				TADODECC				
STREET ADDRESS				TADDRESS				
CITY-ST-ZIP		□ cerete	5.4 CITY - S	1-212			Change	Addition
TITLE		☐ DELETE	6.1 TITLE				Change	[_] AddidOti
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	TADORESS				

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/99

561) 747 - Y65 Daytime Phone # 3R2E034 (11/6