

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 30, 2003 8:00 am
Secretary of State

07-30-2003 90072 022 ***150.00

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DOCUMENT # P98000030747

1. Entity Name

AUTO DAMAGE APPRAISAL SERVICE, INC.



Principal Place of Business

3846 SAN SIMEON CIRCLE
WESTON FL 33331
US

Mailing Address

3846 SAN SIMEON CIRCLE
WESTON FL 33331
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0823031

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CRISH, WILLIAM G
3846 SAN SIMEON CIRCLE
WESTON FL 33331

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CRISH, WILLIAM G SR 3846 SAN SIMEON CIRCLE WESTON FL 33331	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-21-03 (954) 389-7309

CR2E034 (4/03)

Attachment #
80134579
P98000030747
AUTO DAMAGE APPRAISAL SERVICE, INC.

3846 SAN SIMEON CIRCLE
WESTON, FL. 33331
954-389-7309
(fax) 954-389-7373

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
TALLAHASSEE
FL 32302-1500

July 22, 2003

Dear Sir or Madam:

RE: UNIFORM BUSINESS REPORT - P98000030747

With reference to the above account my Accountant and I have searched the whole prior year for the Uniform Business Report form and cannot see where it was received. This is the first notice I have received. Please consider waiving the \$400 fee by accepting my check for \$150.

If you have any problems please do not hesitate to contact me on the above number. Thank you for your assistance in the matter.

Yours faithfully

WILLIAM G CRISH
President