

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000039548

1. Entity Name

ACCENT AUTO REPAIR CORPORATION

Principal Place of Business

4865 HUNTERS WAY
BOCA RATON FL 33481
US

Mailing Address

4865 HUNTERS WAY
BOCA RATON FL 33434-5331
US

2. Principal Place of Business

100 US Highway 1

3. Mailing Address

Suite, Apt. #, etc.

City & State
North Palm Beach, FL

City & State

Zip
33408

Country

Zip

Country

4. FEI Number 65-0836237

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

GUAIPO, HERMAN T
1616 NO. FLORIDA MANGO RD. BAY 8A
WEST PALM BEACH FL 33409

Name

Charlotte Kammer

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

100 US Highway 1

City

N. Palm Beach

FL

Zip Code

33408

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

Charlotte Kammer

Charlotte Kammer

4/25/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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 D ☐ Delete
NAME KAMMER, CHARLOTTE
STREET ADDRESS 4865 HUNTERS WAY
CITY-ST-ZIP BOCA RATON FL 33434

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Charlotte Kammer

Charlotte Kammer

Date

4/25/00 5613647200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 91449 001 ***300.00

14511



DO NOT WRITE IN THIS SPACE