

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2000 8:00 am
Secretary of State

06-02-2000 90005 046 ***150.00

DOCUMENT # P98000053707

1. Entity Name
PROFESSIONAL ACCIDENT RECONSTRUCTION ASSOCIATES

Principal Place of Business
1645 BARBER ROAD STE E
SARASOTA FL 34240

Mailing Address
1645 BARBER ROAD STE E
SARASOTA FL 34240-8906



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2114 BISPHAM RD
 Suite, Apt. #, etc.

3. Mailing Address
2114 BISPHAM RD
 Suite, Apt. #, etc.

Suite, Apt. #, etc.
SUITE E

Suite, Apt. #, etc.
SUITE E

City & State
SARASOTA FL

City & State
SARASOTA FL

Zip
34231-5500

Zip
34231-5500

4. FEI Number **65-0843723** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
 Fee Required

6. Name and Address of Current Registered Agent
WOLSTENHOLME, GEORGE V
5320 LAURELWOOD PLACE
SARASOTA FL 34232

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
2114 BISPHAM RD SUITE E 3
 City
SARASOTA FL Zip Code
34231-5500

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, 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	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WOLSTENHOLME, GEORGE V		NAME		
STREET ADDRESS	5320 LAURELWOOD PL		STREET ADDRESS	2114 BISPHAM RD SUITE E 3	
CITY-ST-ZIP	SARASOTA FL 34232		CITY-ST-ZIP	SARASOTA FL 34231-5500	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 empowerments.

SIGNATURE: **5/9/00** **941 922 8403**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #