

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

05-15-2000 90275 005 \*\*\*150.00

**DOCUMENT # P98000064116**

1. Entity Name  
**HOLIDAY COLLISION CENTER, INC.**

Principal Place of Business 5930 TROUBLE CREEK ROAD NEW PORT RICHEY FL 34652	Mailing Address 5930 TROUBLE CREEK ROAD NEW PORT RICHEY FL 34652-5129
--	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	4. FEI Number <b>59-3522343</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
City & State	City & State		
Zip	Country	Zip	Country

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**COLLIER, JAMES H SR.**  
**4344 SANDDOLLAR COURT**  
**NEW PORT RICHEY FL 34652**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**7421 Bent Oak Dr**  
 CITY **PORT RICHEY** FL **34668**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
--	---	---	------------------------------------

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>DEHETRE, THOMAS L</b> <b>1196 CAMARAC</b> <b>HOLIDAY FL 34640</b>	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Thomas Dehetre* **Thomas Dehetre** ✓ (727) 842-9089  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)



**Schedule SE**  
**(Form 1040)**

**Self-Employment Tax**

PA88000064116  
846246 OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040.  
▶ See instructions for Schedule SE (Form 1040).

**1997**  
17

Name of Person with Self-Employment Income (as shown on Form 1040)

THOMAS L DEHETRE

Social Security Number of Person  
with Self-Employment Income ▶

378-42-6653

**Who Must File Schedule SE**

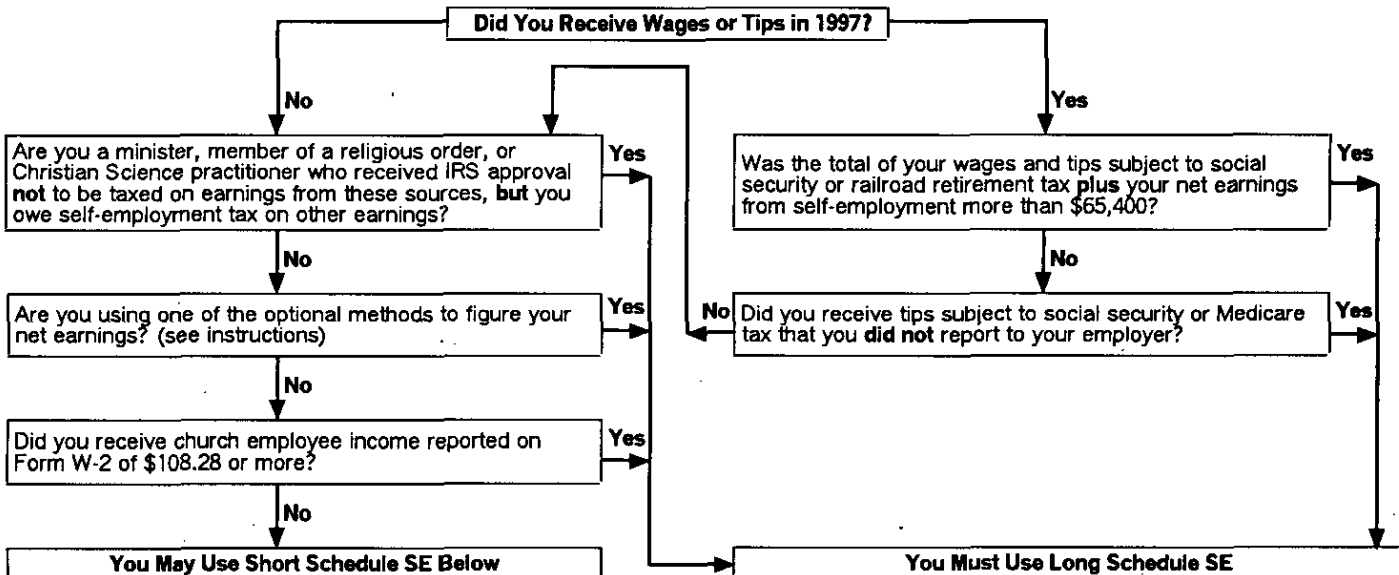
You must file Schedule SE if:

- You had net earnings from self-employment from **other than** church employee income (line 4 of Short Schedule SE or line 4c of Long Schedule SE) of \$400 or more, **Or**
- You had church employee income of \$108.28 or more. Income from services you performed as a minister or a member of a religious order **is not** church employee income. See instructions.

**Note:** Even if you have a loss or a small amount of income from self-employment, it may be to your benefit to file Schedule SE and use either 'optional method' in Part II of Long Schedule SE. See instructions.

**Exception:** If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner, and you filed Form 4361 and received IRS approval not to be taxed on those earnings, **do not** file Schedule SE. Instead, write 'Exempt - Form 4361' on Form 1040, line 47.

**May I Use Short Schedule SE or Must I Use Long Schedule SE?**



**Section A - Short Schedule SE. Caution: Read above to see if you can use Short Schedule SE.**

1	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), line 15a	1	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; and Schedule K-1 (Form 1065), line 15a (other than farming). Ministers and members of religious orders, see instructions for amounts to report on this line. See instructions for other income to report	2	5,916.
3	Combine lines 1 and 2	3	5,916.
4	<b>Net earnings from self-employment.</b> Multiply line 3 by 92.35% (.9235). If less than \$400, do not file this schedule; you do not owe self-employment tax	4	5,463.
5	<b>Self-employment tax.</b> If the amount on line 4 is: • \$65,400 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 47. • More than \$65,400, multiply line 4 by 2.9% (.029). Then, add \$8,109.60 to the result. Enter the total here and on Form 1040, line 47.	5	836.
6	<b>Deduction for one-half of self-employment tax.</b> Multiply line 5 by 50% (.5). Enter the result here and on Form 1040, line 26	6	418.

**Schedule C**  
**(Form 1040)**

**Profit or Loss from Business**  
**(Sole Proprietorship)**

P48000064116

846 2-46

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service (99)

Partnerships, joint ventures, etc. must file Form 1065.  
Attach to Form 1040 or Form 1041. See instructions for Schedule C (Form 1040).

**1997**  
**09**

Name of Proprietor <b>THOMAS L DEHETRE</b>		Social Security Number (SSN) <b>378-42-6653</b>
A Principal Business or Profession, Including Product or Service (see instructions) <b>AUTO BODY REPAIR</b>		B Enter Principal Business Code (see instr) ▶ <b>8953</b>
C Business Name. If No Separate Business Name, Leave Blank. <b>HOLIDAY COLLISION CENTER</b>		D Employer ID No. (EIN), if Any
E Business Addr (include suite or room no.) ▶ <b>5930 TROUBLE CREEK ROAD</b> City, Town or P.O., State, & ZIP Code <b>NEW PORT RICHEY, FL 34652</b>		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶		
G Did you 'materially participate' in the operation of this business during 1997? If 'No,' see instructions for limit on losses ... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
H If you started or acquired this business during 1997, check here ... <input checked="" type="checkbox"/>		

**Part I Income**

1	Gross receipts or sales. <b>Caution:</b> If this income was reported to you on Form W-2 and the 'Statutory employee' box on that form was checked, see the instructions and check here ... ▶ <input type="checkbox"/>	1	74,426.
2	Returns and allowances	2	980.
3	Subtract line 2 from line 1	3	73,446.
4	Cost of goods sold (from line 42 on page 2)	4	45,219.
5	<b>Gross profit.</b> Subtract line 4 from line 3	5	28,227.
6	Other income, including federal and state gasoline or fuel tax credit or refund	6	
7	<b>Gross income.</b> Add lines 5 and 6	7	28,227.

**Part II Expenses.** Enter expenses for business use of your home **only** on line 30.

8	Advertising	8	130.	19	Pension and profit-sharing plans	19	
9	Bad debts from sales or services (see instructions)	9		20	Rent or lease (see instructions):		
10	Car and truck expenses (see instrs)	10		20a	a Vehicles, machinery, and equipment	20a	703.
11	Commissions and fees	11	350.	20b	b Other business property	20b	12,798.
12	Depletion	12		21	Repairs and maintenance	21	60.
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		22	Supplies (not included in Part III)	22	1,310.
14	Employee benefit programs (other than on line 19)	14		23	Taxes and licenses	23	
15	Insurance (other than health)	15	435.	24	Travel, meals, and entertainment:		
16	Interest:			24a	a Travel	24a	
16a	a Mortgage (paid to banks, etc)	16a			b Meals and entertainment		
16b	b Other	16b			c Enter 50% of line 24b subject to limitations (see instrs)		
17	Legal and professional services	17	1,000.	24d	d Subtract line 24c from line 24b	24d	
18	Office expense	18	1,155.	25	Utilities	25	
25				26	Wages (less employment credits)	26	
26				27	Other expenses (from line 48 on page 2)	27	4,370.
27				28	<b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27 in columns	28	22,311.
28				29	Tentative profit (loss). Subtract line 28 from line 7	29	5,916.
29				30	Expenses for business use of your home. Attach Form 8829	30	
30				31	<b>Net profit or (loss).</b> Subtract line 30 from line 29.	31	5,916.
31					<ul style="list-style-type: none"> <li>If a profit, enter on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3</li> <li>If a loss, you must go on to line 32</li> </ul>		
32					If you have a loss, check the box that describes your investment in this activity (see instructions).		
				32a	<input checked="" type="checkbox"/> All investment is at risk.		
				32b	<input type="checkbox"/> Some investment is not at risk.		

BAA For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule C (Form 1040) 1997

THOMAS L DEHETRE

378-42-6653

PA8000064116  
846246

1

Schedule C

Line 48 Other Expenses

<u>BANK SERVICE CHARGES</u>	<u>181.</u>
<u>MISC. EXPENSE</u>	<u>100.</u>
Total	281.

P9800006416  
846246

**Part III Cost of Goods Sold** (See instructions)

33	Method(s) used to value closing inventory: a <input type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)		
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If 'Yes,' attach explanation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36	Purchases less cost of items withdrawn for personal use	36	22,733.
37	Cost of labor. Do not include salary paid to yourself	37	22,486.
38	Materials and supplies	38	
39	Other costs	39	
40	Add lines 35 through 39	40	45,219.
41	Inventory at end of year	41	
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4	42	45,219.

**Part IV Information on Your Vehicle.** Complete this part **Only** if you are claiming car or truck expenses on line 10 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file.

43	When did you place your vehicle in service for business purposes? (month, day, year)	
44	Of the total number of miles you drove your vehicle during 1997, enter the number of miles you used your vehicle for: a Business _____ b Commuting _____ c Other _____	
45	Do you (or your spouse) have another vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
46	Was your vehicle available for use during off-duty hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
47a	Do you have evidence to support your deduction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b If 'Yes,' is the evidence written?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part V Other Expenses.** List below business expenses not included on lines 8 - 26 or line 30.

OUTSIDE SERVICES	1,151.
FREIGHT IN/OUT	150.
SMALL EQUIPMENT & TOOLS	1,528.
TELEPHONE	601.
LICENSES, TAXES, PERMITS & BONDS	307.
WASTE DISPOSAL	78.
POSTAGE	32.
DUES, MEMBERSHIPS & SUBSCRIPTIONS	242.
See Line 48 Other Expenses	281.
<b>48 Total other expenses.</b> Enter here and on page 1, line 27	<b>4,370.</b>