

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000076153

1. Entity Name
AUTOMOTIVE COLLISION EQUIPMENT, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90040 011 ***150.00

Principal Place of Business

Mailing Address

606-A NORTH GREENWOOD
CLEARWATER FL 33755

606-A NORTH GREENWOOD
CLEARWATER FL 34695-4714

2. Principal Place of Business

120 Kendale Dr

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Safety Harbor FL

City & State

Same

4. FEI Number 59-3500341

Applied For

Not Applicable

Zip 34695

Country USA

Zip

Country

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

HORNE, WILLIAM

606-A NORTH GREENWOOD
CLEARWATER FL 33755

new Address →

Name Horne, William

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

120 Kendale Dr.

City Safety Harbor FL

Zip Code 34695

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 NAME STREET ADDRESS CITY-ST-ZIP	PS HORNE, WILLIAM 606-A NORTH GREENWOOD CLEARWATER FL 33755 120 Kendale Dr. Safety Harbor FL 34695	<input type="checkbox"/> Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/5/00

Date

727-480-2025

Daytime Phone #

CR2E034 (9/99)