2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

600 OAK ST BLDG 1

A-1 FRAME & COLLISION INC

P98000085694 DOCUMENT

1. Entity Name

Principal Place of Business

600 OAK ST BLDG 1

A-1 FRAME & COLLISION INC

A 1 FRAME & COLLISION, INC.



FILED Mar 10, 2003 8:00 am Secretary of State

0-2003 90143 039 ***150.00

	03-1

PORT ORANG	SE FL 32127	PORT ORANGE FL 32127 US							
	Place of Business	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & Stat	e	City & State		4. FEIN	^{lumber} 59-353320 3	3	_ ⊨—	oplied For ot Applicable	
Zip Country		Zip	Country	5. Certif	5. Certificate of Status Desired \$8.75 Additional Fee Required			ditional	
6. Name and Address of Current Registered Agent				7. Name	7. Name and Address of New Registered Agent				
BELUS, A	LLEN	Name							
· ·	OGEWOOD AVE		Street Address (P.O.		umber is Not Acceptable	e)		Ī	
	BEACH FL 32114								
				ity : FL Zip Code					
	named entity submits this statement fo ions of registered agent.	r the purpose of changing its i	registered office or	registered agent, o	or both, in the State of Fl	orida. I am fa	miliar with,	and accept	
SIGNATURE ² .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	: Registered Agent signatur	e required when reinstatir	ng)	DATE			
After Make Check	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of		٤	Election Campaign Fi Trust Fund Contribution			0 May Be to Fees		
10.	OFFICERS AND	DIRECTORS	11.	ADDITIO	DNS/CHANGES TO OFF	ICERS AND	DIRECTORS	3 IN 11	
TITLE NAME	P Dunlap, Mary A	☐ Delete	TITLE NAME				☐ Change	☐ Addition	
STREET ADDRESS	6167 DEL RIO DR		STREET ADDRESS						
CITY-ST-ZIP	PORT ORANGE FL 32127		CITY-ST-ZIP		<u>.</u>				
TITLE	V	Delete	TITLE			İ	Change	☐ Addition	
NAME	DUNLAP, GERALD A		NAME						
STREET ADDRESS	6167 DEL RIO DR		STREET ADDRESS)	
CITY-ST-ZIP	PORT ORANGE FL 32127		CITY-ST-ZIP					J	
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CITY~ST-ZIP			CITY-ST-ZIP						

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:

<u> 386-304-3688</u>