

2000 UNIFORM BUSINESS REPORT (UBR)

5/16

FILED

Jun 29, 2000 8:00 am
Secretary of State

05-16-2000 90052 043 ***150.00

DOCUMENT # P98000101605

1. Entity Name

PRO FINISH AUTO BODY, INC.

R

Principal Place of Business

5180 TROTT CIR., UNIT G
NORTH PORT FL 34287

Mailing Address

5180 TROTT CIR., UNIT G
NORTH PORT FL 34287-3403

2. Principal Place of Business

1145 Enterprise Dr
Suite, Apt. #, etc.

3. Mailing Address

1145 Enterprise Dr
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Murdoch

City & State

Murdoch

4. FEI Number

65-0872116

Applied For

Not Applicable

Zip

33954

Country

Charlotte

Zip

33954

Country

Charlotte

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

HOWARD, RICHARD A
5180 TROTT CIR., UNIT G
NORTH PORT FL 34287

Name
KERRY Antillo / Kerry Antillo
Street Address (P.O. Box Number is Not Acceptable)
1145 Enterprise Dr.

City
MURDOCK

FL

Zip Code
33954

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 *Kerry S. Antillo*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

6/12/00
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 checked="" type="checkbox"/> Delete
NAME	HOWARD, RICHARD A	
STREET ADDRESS	5180 TROTT CIR., UNIT G	
CITY-ST-ZIP	NORTH PORT FL 34287	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kerry Antillo	
STREET ADDRESS	1145 Enterprise Dr	
CITY-ST-ZIP	MURDOCK FL 33954	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 *Kerry S. Antillo*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/19/00 941-625-8830
Date Daytime Phone #