

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90277 005 ***150.00

DOCUMENT # **P98000106390**

1. Entity Name
**PRECISION AUTO PAINTING & COLLISION
CENTER, INC.**



DO NOT WRITE IN THIS SPACE

11013855

2. Principal Place of Business

1940 Avenue L

Suite, Apt. #, etc.

3. Mailing Address

1940 Avenue L

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Riviera Beach, FL

City & State
Riviera Beach, FL

4. FEI Number

65-0885179

Applied For

Not Applicable

Zip
33404

Country

USA

Zip

33404

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Karen E. Stedman

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

3931 RCA Blvd., Suite 3101

City

Palm Beach Gardens

FL

Zip Code

33410

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
Kalisz, Gary P.
12221 - 16th CT N.
Jupiter, FL 33478**

TITLE
NAME
STREET ADDRESS
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-03

Date

561-844-1600

Daytime Phone #

CR2E034B (12/02)