## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000/06390 LECISION AUTO PAWTING & COLLISION CENTER, INC.



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

04-24-2003 90277 005 \*\*\*150.00

## DO NOT WRITE IN THIS SPACE

3. Mailing Address 2. Principal Place of Business

11013855

194	940 Avenue L		1940 Avenue L						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
Riviera Beach, FC			Riviera Beach, Fe			4. FEI Number 65 -0885179 Applied For Not Applicable			
					-			<del></del>	
<sup>219</sup> 334	404	Country USA	<sup>Zip</sup> 33404	Country U.		Certificate of Status Desired	Fe Fe	B.75 Additional e Required	
STATE OF THE STATE OF	Production of the	AND THE PROPERTY OF THE PROPERTY OF THE PARTY OF THE PART		and an area area.	7. Name and Address of Current Registered Agent				
DO NOT WRITE					Name Karen E. Stedman				
DO NOT WRITE				Stree	Street Address (P.O. Box Nurgber is Alot Agceptable) + 3101				
IN THIS SPACE								_ ·	
		generalis.		City	alm Beac	h Gardens	FL	Zip Code 33410	
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.									
the obligat	tions of registe	ered agent. ଂକ୍ଷିତ							
SIGNATURE									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  On the printed name of registered agent and title if applicable.									
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					_	Election Campaign Fin     Trust Fund Contribution	~ —	\$5.00 May Be Added to Fees	
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12. Thereby 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.

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY ST-ZIP TITLE

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR