

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000015587

1. Entity Name

M&L AUTO COLLISION & BODYWK'S INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90054 044 ***150.00

Principal Place of Business

Mailing Address

7614 ELLIS RD.
W. MELB. FL 32704

7614 ELLIS RD.
W. MELB. FL 32904-1104

2. Principal Place of Business

3. Mailing Address

7614 ELLIS RD.

7614 ELLIS RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

A.

A.

City & State

City & State

West Melbourne FL.

West Melbourne FL.

4. FFL Number

59-3558481

Applied For

Not Applicable

Zip

Country

Zip

Country

32904

Brevard

32904

Brevard

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

LEONE, MICHAEL A
7614 ELLIS RD.
W. MELB. FL 32704

Name

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

City

FL

Zip Code

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

☐ Delete

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CITY-ST-ZIP

President
Michael Leone
607 Greenwood Village
West Melbourne FL 32904

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ 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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

42-00

Date

321-727-9001

Daytime Phone #

CR2E034 (9/99)