2000 UNIFORM BUSINESS REPORT UBR)

DOCUMENT # P99000015766 1. Entity Name AAA COLLISION SPECIALISTS, INC.						May 11, 2000 8:00 ar Secretary of State					
Principal Place	of Business	Mailing .	Address	•	<u> </u>	_					
636 SW 13TH ST OCALA FL 34474			16 ŚW 13TH ST. CALA FL 34474-3220						_		
		1				ĺ	O LINGUISTAL PAR ANNO ANNO ANNO PAR	# 10 112 10 101 11 2 02	 Dili: (Arto ett	2 8 0 711 2 8 0 7	
<u> </u>	ace of Business		Mailing Address								
Suite, Apt. #, etc.		Suite.	Suite, Apt.,#, etc.			- 	DO NOT WR	TE IN THIS SPI	ACE .		
City & State		Citý &	Citý & Slate				El Number 5-6901937			olied For Applicable	
Zip	Zip Country		Zip Count		ry	1	ertificate of Status Desired		8.75 Addi	tional	
	6. Name and Address of Curren	t Registered	Agent			7. N	ame and Address of New				
		Ī	Name								
KOVACH, MICHAEL T 106 N. OSCEOLA AVE. INVERNESS FL 34450					Street Address (P.O. Box Number is Not Acceptable)						
					City			FL	Zip Code	,	
8. The above r	named entity submits this statement f	for the purpos	se of changing its	registere	ed office or regis	stered age	ent, or both, in the State of F		L		
		1									
SIGNATURE	Signature, typed or printed name of registered egen	t and the it applies	able (NOT	Registered	Agent signature req	uired when rein	ristating)	DATE		—	
	ration is eligible to satisfy its Intangib iquirement and elects to do so. a on back)		FILE NOW: After MAY 1, 20 ke Check Payat	00 Fee	will be \$550.0		10. Election Campaign F Trust Fund Contributi			May Be to Fees	
11.	OFFICERS AND	DIRECTOR	\$	12.	/	ADI	DITIONS/CHANGES TO OF				
NAME STREET ADDRESS CITY-ST-ZIP	D GRIFFIN, STEVEN M 636 SW 13TH ST. OCALA FL 34474	;	Delete		E ET ADDRESS -SI-ZIP			1	Change	Addition Ober	
TITLE NAME STREET AODRESS CITY-ST-ZIP		1	Delete		1				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Detete		- 1				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		1				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		1	☐ Detele			 ,		<u></u>	Change	Addition	
NAME ANDRESS. CITY-ST-ZIP-AND	Aliza II. Izraza Ida Turi III. Pri suntan		☐ Delate	TITL NAM STR	E				Change	Addition	
13. I hereby of indicated of the corr	certify that the information supplied won this report or supplemental reporporation or the receiver or trustee emor on an attachment with an address	t is true and a spowered to a	occurate and that	my signa I as requi	iture shall have	the same I	legal effect as if made unde	er oath; that I ar	n an officer	or director	