

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90052 031 ***150.00

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DOCUMENT # P99000051249

1. Entity Name

AUTOMOTIVE PAINTERS WAREHOUSE, INC.

Principal Place of Business

**200 MASSACHUSETTS AVE
PENSACOLA FL 32505**

Mailing Address

**200 MASSACHUSETTS AVE
PENSACOLA FL 32505**

2. Principal Place of Business

5833 N STEWART ST

3. Mailing Address

5833 N STEWART ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MILTON FL

City & State

MILTON FL

4. FEI Number

59-3582677

Applied For

Not Applicable

Zip

32570

Country

USA

Zip

32570

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**COLLUM, ARCHIE L JR.
5801 FOXWOOD ROAD
MILTON FL 32570**

7. Name and Address of New Registered Agent

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, 2002 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

TITLE NAME	P	<input type="checkbox"/> Delete
STREET ADDRESS	COLLUM, ARCHIE L JR.	
CITY-ST-ZIP	5801 FOXWOOD ROAD MILTON FL 32570	
TITLE NAME	VP	<input type="checkbox"/> Delete
STREET ADDRESS	COLLUM, SHARON S	
CITY-ST-ZIP	5801 FOXWOOD ROAD MILTON FL 32570	
TITLE NAME	T	<input type="checkbox"/> Delete
STREET ADDRESS	COLLUM, SHARON	
CITY-ST-ZIP	5801 FOXWOOD ROAD MILTON FL 32570	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: ARCHIE L JR. COLLUM JR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/01/02

Date

888-983-2590

Daytime Phone #

CR2E034 (9/01)