2002 UNIFORM BUSINESS REPORT (UBR)

Feb 11, 2002 8:00 am P99000053026 DOCUMENT # **Secretary of State** 1. Entity Name 02-11-2002 90116 013 ***150.00 CONTOUR AUTO BODY, INC. Principal Place of Business Mailing Address 1865 S. POWERLINE RD., STE. E 1865 S. POWERLINE RD., STE, E DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 65-0930440 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MONACO, ROBERT Street Address (P.O. Box Number is Not Acceptable) 20283 STATE ROAD 7, STE 400 **BOCA RATON FL 33498** 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change ■ Addition TITLE ☐ Delete TITLE MONACO, ROBERT JR NAME NAME STREET ADDRESS STREET ADDRESS 1865 S POWERLINE RD E CITY-ST-ZIP **DEERFIELD BEACH FL 33442** CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME SLEDZIEWSKI, RICHARD NAME STREET ADDRESS 1865 S POWERLINE RD E STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DEERFIELD BEACH FL 33442 Delete ☐ Change Addition TITLE TITLE NAME WERESKI, C J NAME STREET ADDRESS STREET ADDRESS 1865 S POWERLINE RD E-CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL 33442 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete NAME

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CONTROL OF PRINCE OF A SIGNING OFFICER OR DIRECTOR

MONACO JK

1/15/0

954-427-207

Daytime Phone #

FILED

CR2E034 (9/01)