

2000 UNIFORM BUSINESS REPORT (UBR)

4/6

FILED

May 11, 2000 8:00 am
Secretary of State

04-06-2000 90052 041 ***150.00

DOCUMENT # P99000068872

1. Entity Name

COLL EX BODY CORPORATION

DBA Tom Donahue's Auto Body

Principal Place of Business

5340 STATE ROAD 84
BAY 5
DAVE FL 33314

Mailing Address

2071 S.W. 70TH AVENUE, G-8
DAVE FL 33317

2. Principal Place of Business

3. Mailing Address

5340 ST. Rd 84

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Bay 5

City & State

City & State

Dave, FL

Zip

Country

Zip

Country

33314

USA

4. FEI Number

65-0945737

Applied For

Not Applicable

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

~~NELSON OLIPHANT, DARLENE~~
~~2071 S.W. 70TH AVENUE, G-8~~
~~DAVE FL 33317~~

Name **Thomas Donahue**

Street Address (P.O. Box Number is Not Acceptable)
5340 State Rd 84, BAY 5

City **DAVE**

FL

Zip Code **33314**

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

TITLE **P.T.S**
NAME **Thomas Donahue**
STREET ADDRESS **5340 ST. Rd 84, Bay 5**
CITY-ST-ZIP **Dave, FL 33314**

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☒ Addition

TITLE
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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 all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/00

9547921870

Date

Daytime Phone #

CR2E034 (9/99)