

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000070770

1. Entity Name

HERNANDO COLLISION CENTER, INC.

FILED

Apr 23, 2001 8:00 am  
Secretary of State

04-23-2001 90061 038 \*\*\*150.00

Principal Place of Business

396 N AVE WEST  
BROOKSVILLE FL 34601

Mailing Address

396 N AVE WEST  
BROOKSVILLE FL 34601

2. Principal Place of Business

1150 Ponce De Leon Blvd.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Brooksville Florida

City & State

Zip

34601

Country

Hernando

Country

4. FEI Number

59-3633618

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

JUSTICE, MARK

1166 WENDY CT.

SPRING HILL FL 34607

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, 2001 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 ☐ Delete  
NAME D  
STREET ADDRESS JUSTICE, MARK  
CITY-ST-ZIP 1166 WENDY CT.  
SPRING HILL FL 34607

TITLE ☐ Change ☒ Addition  
NAME Director  
STREET ADDRESS Joy Wilson  
CITY-ST-ZIP 18161 Lake Lindsey Rd  
Brooksville, FL 34601

TITLE ☐ Delete  
NAME D  
STREET ADDRESS JUSTICE, DIANE L  
CITY-ST-ZIP 12446 WINSTON CT  
SPRING HILL FL 34609

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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:

MARK Justice

2-18-2001 352-688-2102

Date

Daytime Phone #

CR2E034 (10/00)