## **FILED** Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90539 019 \*\*\*150.00

## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

P99000070770 **DOCUMENT #** 

1. Entity Name

HERNANDO COLLISION CENTER, INC.

Principal Place of Business 1150 PONCE DE LEON BLVD Mailing Address 396 N AVE WEST

2. Principal P	Place of Busin		3. Mail	3. Mailing Address 396 North Avenue Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES	
City & Stat		e FL.	Bre	& State			4. FEI Number 59-3633618 Applied For Not Applicable	
Zip Country 3460 /			Zip 346		Country		5. Certificate of Status Desired	
	6. Name	and Address of Curren	Registere	d Agent			7. Name and Address of New Registered Agent	
Justice, 1166 Wen Spring H	07	ω: <sup></sup>		Street	Street Address (P.O. Box Number is Not Acceptable)  396 Worth Avenue  City Brooksville FL 21p Code 34601			
the obligat SIGNATURE  F  After	Signatule types TILE NOW!! r May 1, 200	or printed name of registered agen  ! FEE IS \$150.00  3 Fee will be \$550.00	MA t and title if app	ek û		r registere	ed agent, or both, in the State of Florida. I am familiar with, and accept  4-8-03	
Make Check 10.	k Payable to	Florida Department	<u></u>	RS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUSTICE, 1166 WEN SPRING H	MARK		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	176/	ak Justice Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUSTICE, 12446 WIN SPRING H			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bra	otzsville FL. 34601  ne L. Justice Change Addition  worth tvc.  otsville 1=1. 34601	
TITLE NAME STREET ADORESS CITY+ST+ZIP		IOY IE LINDSEY RD ILLE FL 34601		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Juy 1816 Brox	Jackson  SI-Lake Lincls ey RD  Stroke Ville FL 34601	
TITLE NAME Street Address City-St-Zip				☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	

Indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: