

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000070897

1. Entity Name
T & R AUTOBODY REPAIR, INC.

Principal Place of Business

2160 NW 17 ST. BAY #6
FT. LAUDERDALE FL 33311

Mailing Address

3150 NW 17 ST. BAY #6
FT. LAUDERDALE FL 33311

2. Principal Place of Business

1860 NW 29th ST.

3. Mailing Address

1860 NW 29th ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OAKLAND PARK FL

City & State

OAKLAND PARK FL

Zip

33311

Zip

33311

Country

4. FEI Number

65-0940704

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANTHONY FRANCIS, WITHMARK

3150 N.W. 17 ST. BAY #6
FT. LAUDERDALE FL 33311

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1860 NW 29 ST

City

OAKLAND PARK

Zip Code

FL 33311

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: ANTHONY FRANCIS

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

TITLE: PD
NAME: WITHMARK, ANTHONY F
STREET ADDRESS: 3150 N.W. 17 ST. BAY #6
CITY-ST-ZIP: FORT LAUDERDALE FL

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1860 NW 29 ST.
OAKLAND PK FL 33311

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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: ANTHONY FRANCIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

901744

CR2E034 (10/00)