2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000076579

1. Entity Name

WILKINS, JAMES K

SIGNATURE

11.

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE NAME

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

(See criteria on back)

121 CAMELLIA PLACE CRESTVIEW FL 32539

9. This corporation is eligible to satisfy its Intangible

WILKINS, JAMES K

121 CAMELLIA PLACE

CRESTVIEW FL 32539

Tax filing requirement and elects to do so.

SOUTHSIDE	COLLISION AND RE	FINISHING, INC.	
Principal Place of Business		Mailing Address	
CAMELLIA PLACE		121 CAMELLIA PLACE CRESTVIEW FL 32539-3131	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

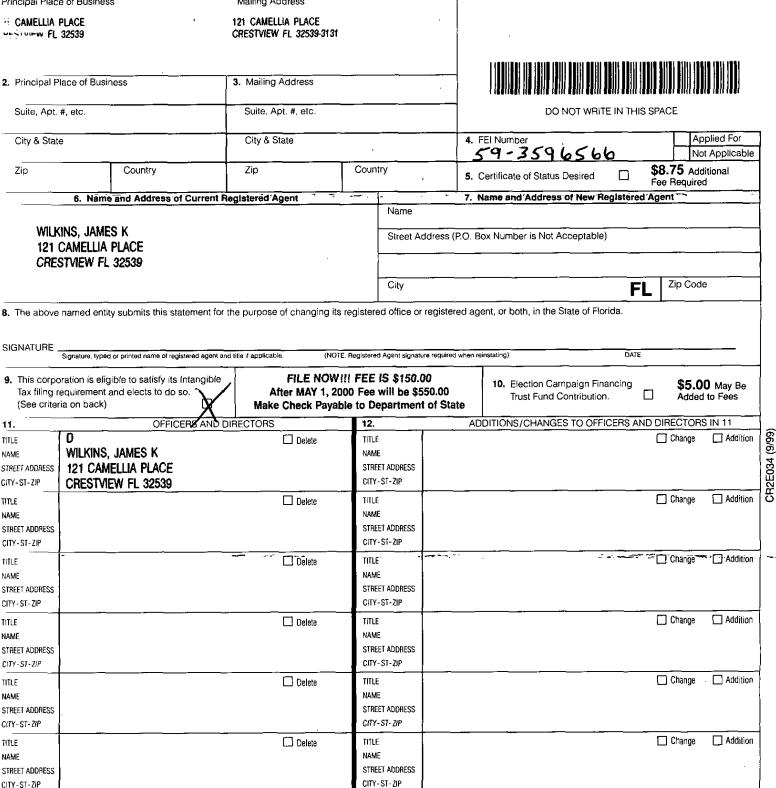
6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

FILED Apr 26, 2000 8:00 am Secretary of State

04-26-2000 90200 001 ***150.00



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

CITY-ST-ZIP

Name

City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

TITLE

NAME

TITLE NAME STREET ADDRESS

TITLE

NAMÉ

NAME

TITLE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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