

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000083020

1. Entity Name

PERFECTION PAINT AND BODY OF INDIAN RIVER COUNTY

Principal Place of Business

846 29TH AVENUE  
VERO BEACH FL 32960

Mailing Address

846 29TH AVENUE  
VERO BEACH FL 32960

2. Principal Place of Business

1060 Old Dixie Hwy. SW

3. Mailing Address

Suite, Apt. #, etc.

City & State

Vero Beach, FL

City & State

Zip

32962

Country

Zip

Country

6. Name and Address of Current Registered Agent

BIRON, TODD P  
846 29TH AVENUE  
VERO BEACH FL 32960

7. Name and Address of New Registered Agent

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

TITLE D ☐ Delete  
NAME BIRON, TODD R  
STREET ADDRESS 846 29TH AVENUE  
CITY-ST-ZIP VERO BEACH FL 32960

TITLE D ☐ Delete  
NAME BIRON, JULIE A  
STREET ADDRESS 846 29TH AVENUE  
CITY-ST-ZIP VERO BEACH FL 32960

TITLE D ☒ Delete  
NAME SHEAR, PAULINE E  
STREET ADDRESS 846 29TH AVENUE  
CITY-ST-ZIP VERO BEACH FL 32960

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Todd Biron, Pres. 4/30/01 (SW) 978-1351

Date

Daytime Phone #

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90021 005 \*\*\*150.00

974246



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0952593

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

CR2E034 (10/00)

0084894