

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000086513

1. Entity Name
PRECISION COLLISION AND AUTO REPAIR CENTER, INC.

Principal Place of Business
1605 LOCKHART AVENUE
HAINES CITY FL

Mailing Address
1605 LOCKHART AVENUE
HAINES CITY FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3598508

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CRESPO, MARCELINO
1605 LOCKHART AVENUE
HAINES CITY FL

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CRESPO, MARCELINO SR.
2613 BIRCHWOOD AVENUE
KISSIMMEE FL 34744 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CRESPO, GLORIA M
2613 BIRCHWOOD AVENUE
KISSIMMEE FL 34744 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
~~CRESPO, EDWIN N~~
~~2613 BIRCHWOOD AVENUE~~
~~KISSIMMEE FL 34744~~ ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
~~CRESPO, MARCELINO JR.~~
~~5501 N.W. 21 STREET~~
~~LAUDERDALE FL 33313~~ ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CRESPO, GLORIA A
2613 BIRCHWOOD AVENUE
KISSIMMEE FL 34744 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
634 Eagle Point South
Kissimmee, Florida 34746

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
634 Eagle Point South
Kissimmee, Florida 34746

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634 Eagle Point South
Kissimmee, FL 34746

TITLE
NAME
STREET ADDRESS
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:

Marcelino Crespo
MARCELINO CRESPO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90015 049 ***550.00



DO NOT WRITE IN THIS SPACE

ADULT 0000

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