

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State
 05-01-2001 90075 037 ***150.00

DOCUMENT # P99000086513

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

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| Principal Place of Business 1605 LOCKHART AVENUE HAINES CITY FL | Mailing Address 1605 LOCKHART AVENUE HAINES CITY FL |
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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



DO NOT WRITE IN THIS SPACE

| | | |
|---|--|--|
| 4. FEI Number 59-3598508 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |

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|---|--|
| 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 |
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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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

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| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|--|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CRESPO, MARCELINO SR. 2613 BIRCHWOOD AVENUE KISSIMMEE FL 34744 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Crespo, Marcelino Sr. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 634 Eagle Point South Kissimmee, FL 34746 (P) |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CRESPO, GLORIA M 2613 BIRCHWOOD AVENUE KISSIMMEE FL 34744 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Crespo, Gloria M. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 634 Eagle Point South Kissimmee, FL 34746 (D) |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CRESPO, EDWIN N 2613 BIRCHWOOD AVENUE KISSIMMEE FL 34744 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Crespo, Gloria A. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 634 Eagle Point South Kissimmee, FL 34746 (S) |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CRESPO, MARCELINO JR. 5501 N.W. 21 STREET LAUDERDALE FL 33313 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CRESPO, GLORIA A 2613 BIRCHWOOD AVENUE KISSIMMEE FL 34744 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 4/20/01 (813) 421-7761

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)