

# 2000 UNIFORM BUSINESS REPORT (UBR)

3

**FILED**  
**Sep 14, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90027 027 \*\*\*150.00

**DOCUMENT # P99000107926**

1. Entity Name

**PREMIER AUTOMOTIVE RECONDITIONING, INC.**

*P*

Principal Place of Business

P.O. BOX 6651  
 SPRING HILL FL 34606-6651

Mailing Address

P.O. BOX 6651  
 SPRING HILL FL 34606-6651

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

*59-3607075*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ULCH, CHARLES**  
**1273 TROY ST.**  
**SPRING HILL FL 34608**

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE *CHARLES ULCH* ☐ Delete  
 NAME  
 STREET ADDRESS *PO BOX 6651*  
 CITY-ST-ZIP *SPRING HILL FL 34611*

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

TITLE *CHARLES ULCH* ☐ Delete  
 NAME  
 STREET ADDRESS *PO BOX 6651*  
 CITY-ST-ZIP *SPRING HILL FL 34611*

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

TITLE *MARC PENDERGAST* ☐ Delete  
 NAME  
 STREET ADDRESS *PO BOX 6651*  
 CITY-ST-ZIP *SPRING HILL FL 34611*

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

TITLE *MARC PENDERGAST* ☐ Delete  
 NAME  
 STREET ADDRESS *PO BOX 6651*  
 CITY-ST-ZIP *SPRING HILL FL 34611*

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 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

Date

Daytime Phone

*3-13-00*

CR2E034 (9/99)

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000107926

Entity Name

PREMIER AUTOMOTIVE RECONDITIONING, INC.

Attachment

P99000107926

309810

Principal Place of Business  
BOX 6651  
HILL FL 34606-6651

Mailing Address  
P.O. BOX 6651  
SPRING HILL FL 34606-6651

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3607075

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ULCH, CHARLES  
1273 TROY ST.  
SPRING HILL FL 34608

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

(FOIL: Registered Agent signature required when renouncing)

DATE

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, 2000 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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

CHARLES ULCH  
1273 TROY STREET  
SPRING HILL, FL 34608  
CH

☐ Delete

CHARLES ULCH  
1273 TROY STREET  
SPRING HILL, FL 34608  
CH

☐ Delete

CHARLES ULCH  
1273 TROY STREET  
SPRING HILL, FL 34608  
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SPRING HILL, FL 34608  
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☐ Delete

CHARLES ULCH  
1273 TROY STREET  
SPRING HILL, FL 34608  
CH

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

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☐ Change

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☐ Addition

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 empowerment.

SIGNATURE: *Charles Ulch Pres*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-00  
Date Daytime Phone #

CR2E034 (9-99)

Doc # P99000107926

**PREMIER AUTO RECONDITIONING**

P O BOX 6651  
SPRINGHILL, FL 34606

A0031224 2234

DATE 7-13-00 63-043/631  
BRANCH 97427

309810

PAY TO THE ORDER OF Dept. of state \$150.00

One hundred fifty and 00/100 DOLLARS ☐ Security features included. Details on back.



FOR Uniform Pass report Charles White

⑈002234⑈ ⑆063109430⑆ 78 512 043⑈ ⑆0000015000⑆



Security features on this document include a Micro-Print Signature Line, Security Screen and Currency Border. Absence of these features may indicate alteration.

FEDERAL RESERVE BANK REGULATION CC

INCLEARINGS WORK  
CLEARINGHOUSE WORK  
650028358 0808 05006 00 032200

NATIONS BANK JAX 03/21/00  
0630000474 E1569 98 P19

524642555

2221 97533

DO NOT SIGN/WRITE/STAMP BELOW THIS LINE  
FOR FINANCIAL INSTITUTION USAGE ONLY.

MAR 17 2000

ACCT# 1009068796

X DEPARTMENT OF STATE  
FOR DEPOSIT ONLY

ENDORSE HERE: