

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000107926

1. Entity Name

PREMIER AUTOMOTIVE RECONDITIONING, INC.

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  
34611

Country

Zip  
34611

Country

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

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

TITLE C ☒ Delete  
NAME ULCH, CHARLES  
STREET ADDRESS PO BOX 6651  
CITY-ST-ZIP SPRING HILL FL 34611

TITLE S ☒ Delete  
NAME PRENDERFAST, MARK C  
STREET ADDRESS PO BOX 6651  
CITY-ST-ZIP SPRING HILL FL 34611

TITLE S ☒ Delete  
NAME PREDEGAST, MARC  
STREET ADDRESS PO BOX 6651  
CITY-ST-ZIP SPRING HILL FL 34611

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 D/C/P ☒ Change ☐ Addition  
NAME ULCH, CHARLES  
STREET ADDRESS POST OFFICE BOX 6651  
CITY-ST-ZIP SPRING HILL, FL 34611

TITLE S ☒ Change ☐ Addition  
NAME PENDERGAST, MARK C.  
STREET ADDRESS POST OFFICE BOX 6651  
CITY-ST-ZIP SPRING HILL, FL 34611

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  
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: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES ULCH

Date

Daytime Phone #

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91316 015 \*\*\*150.00

CU066786



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)