

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000077011

**Entity Name:** UNIVERSAL COLLISION CENTER, INC.**Current Principal Place of Business:**2751 W. TENNESSEE ST.  
TALLAHASSEE, FL 32304**Current Mailing Address:**2751 W. TENNESSEE ST.  
TALLAHASSEE, FL 32304 US**FEI Number:** 59-3737125**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HUNTER, GARY K JR  
119 SOUTH MONROE STREET  
SUITE 300  
TALLAHASSEE, FL 32301 US*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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	P
Name	DRIGGERS, JASON
Address	2751 W. TENNESSEE ST.
City-State-Zip:	TALLAHASSEE FL 32304

Title	V
Name	GANDY, FRANK
Address	2751 W. TENNESSEE ST.
City-State-Zip:	TALLAHASSEE FL 32304

Title	T, S
Name	DRIGGERS, SHERYL
Address	2751 W. TENNESSEE ST.
City-State-Zip:	TALLAHASSEE FL 32304

Title	OTHER
Name	DRIGGERS, JERRY D
Address	9786 NE 17TH PATH
City-State-Zip:	WILDWOOD FL 34785

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** SHERYL L DRIGGERS**OFFICER****01/26/2021**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date