

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90053 009 ***150.00

0492814 AV

DOCUMENT # 475351
 1. Entity Name
A-1 AUTO BODY & SALES, INC.

Principal Place of Business 23330 HARBOR VIEW RD 1-B CHARLOTTE HARBOR FL 33980 US	Mailing Address 23330 HARBOR VIEW RD CHARLOTTE HARBOR FL 33980 US
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2. Principal Place of Business 4211 KINGS HWY Suite, Apt. #, etc.	3. Mailing Address 4211 KINGS HWY Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State PORT CHARLOTTE FLA	City & State PORT CHARLOTTE FLA	4. FEI Number 59-1831958	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip 33980	Country	Zip 33980	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ORTHOUSE, GEORGE G
106 SE SINCLAIR ST.
PT. CHARLOTTE FL 33852

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ (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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PST ORTHOUSE, GEORGE G 4211 KINGS HIGHWAY CHARLOTTE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PORT CHARLOTTE, FLA 33980
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KURT BENNER 4211 KINGS HWY PORT CHARLOTTE FLA 33980
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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: Kurt Benner **KURT BENNER** Date: **3/5/02** Daytime Phone #: **941/629-2727**

CR2E034 (9/01)