## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## 475351 **DOCUMENT #**

PORT CHARLOTTE FL 33980

2. Principal Place of Business

106 SE SINCLAIR ST. PT. CHARLOTTE FL 33852

Suite, Apt. #, etc.

City & State

Zip

Entity Name A-1 AUTO BODY & SALES, INC.		
rincipal Place of Business	Mailing Address	

PORT CHARLOTTE FL 33980

3. Mailing Address

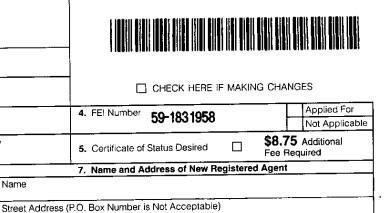
City & State

Zip

Suite, Apt. #, etc.

FILED Feb 14, 2003 8:00 am Secretary of State

02-14-2003 90234 005 \*\*\*150.00



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. I am familiar with, and accept the obligations of registered, SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and life if applicable

Country

Name

City

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

Country

ORTHOUSE, GEORGE G

6. Name and Address of Current Registered Agent

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be

Zio Code

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Change Addition TITLE ☐ Delete TITLE ORTHOUSE, GEORGE G NAME STREET ADDRESS **4211 KINGS HIGHWAY** STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE FL 33980 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME BENNER, KURT NAME STREET ADDRESS 4211 KINGS KWY STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE FL 33980 CITY - ST- 7IP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if with all other like empowered changed, or on an attachment wit

SIGNATURE: