

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2002 8:00 am
Secretary of State

03-22-2002 90046 010 ***150.00

DOCUMENT # P01000041905

1. Entity Name

A-1 AUTOMOTIVE AND COLLISION CENTER, INC.

Principal Place of Business

**151 W. LEMON AVE.
 EUSTIS FL 32726**

Mailing Address

**151 W. LEMON AVE.
 EUSTIS FL 32726**

2. Principal Place of Business

151 W. LEMON AVE

Suite, Apt. #, etc.

3. Mailing Address

151 W. LEMON AVE

Suite, Apt. #, etc.

City & State

EUSTIS FL

City & State

EUSTIS FL

4. FEI Number

59-3710350

Applied For

Not Applicable

Zip

32726

Country

USA

Zip

32726

Country

USA

5. Certificate of Status Desired **\$8.75. Additional Fee Required**

6. Name and Address of Current Registered Agent

**SISCO, JAMES E
 151 W. LEMON AVE.
 EUSTIS FL 32726**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
	D <input type="checkbox"/> Delete SISCO, JAMES E		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	33151 KAYLEE WAY	STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL 34788	CITY-ST-ZIP	
	D <input type="checkbox"/> Delete OGDEN, DAMON S		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	31815 TROPICAL SHORES BLVD.	STREET ADDRESS	
CITY-ST-ZIP	TAVARES FL 32778	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)