

FILED
May 14, 2001 8:00 am
Secretary of State
05-14-2001 90025 035 ***150.00

1. Entity Name
CENTRAL MOTOR SUPPLY INC

022 SW 112TH ST
GAINESVILLE FL 32607
IS

1022 SW 112TH ST
GAINESVILLE FL 32607
US

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

Country

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

STANLEY, JAMES W.
1022 SW 112TH ST
GAINESVILLE FL 32607

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

12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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TITLE	D	☐ Delete
NAME	STANLEY, JAMES W.	
STREET ADDRESS	1022 SW 112TH STREET	
CITY-ST-ZIP	GAINESVILLE FL 32607	

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	☐ Change	☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	☐ Change	☐ Addition
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STREET ADDRESS		
CITY - ST - ZIP		

TITLE	☐ Delete
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CITY-ST-ZIP	

TITLE		☐ Change	☐ Addition
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CITY - ST - ZIP			

TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE	☐ Delete
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01 (352) 332-1942
Date Daytime Phone #

Date: _____

Daytime Phone # _____

CR2E034 (10/00)