

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90019 045 ***150.00

DOCUMENT # L72116
 1. Entity Name
AL'S CHEVRON SERVICE CENTER, INC.

| | |
|--|---|
| Principal Place of Business 356 NORTH EGLIN PARKWAY FT WALTON BEACH FL 32547 | Mailing Address 356 NORTH EGLIN PARKWAY FT WALTON BEACH FL 32547-2860 |
|--|---|

UUUUUUUU



DO NOT WRITE IN THIS SPACE

| | | | |
|---|---------|---|---------|
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number **59-3012100** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
LAMALIE, GARY L., CPA
430 BRYN ATHYN BLVD.
SUITE 4
MARY ESTHER FL 32569

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 _____ (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, 2000 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 | | <input type="checkbox"/> Delete |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HOLGUIN, JOHN A 2010 JESSICA WAY NAVARRE FL 32506 | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HOLGUIN, SHARON L 2013 JESSICA WAY NAVARRE FL 32506 | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | <input type="checkbox"/> Change | <input type="checkbox"/> Additor |
|---|--|-------------------------------------|----------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/D 2406 Marina Dr. Ft Walton Beach, FL 32547 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S/T/D 2406 Marina Dr. FT Walton Beach, FL 32547 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |

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: John A. Holguin **JOHN A. HOLGUIN** 1-17-00 (850) 862-4522
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #