

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-10-2003 90100 009 ***150.00

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

DOCUMENT # **P97000056235**

1. Entity Name
MACCLENNY AUTO BODY, INC.

Fed. Tax I.D.# 593452737

Principal Place of Business
**180 S LOWDER ST
MACCLENNY FL 32063**

Mailing Address
**180 S LOWDER ST
MACCLENNY FL 32063**



00001100



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. # etc. *Same*
City & State *Same*

3. Mailing Address
Suite, Apt. # etc. *Same*
City & State *Same*

4. FEI Number **APPLIED FOR**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**JOHNS, WADE A
6011 LARIMER ROAD
MACCLENNY FL 32063**

7. Name and Address of New Registered Agent
Name *Same*
Street Address (P.O. Box Number Not Acceptable) *Same*
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Wade A. Johns* **1-7-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WADES, JOHNS A 6011 LARIMER ROAD MACCLENNY FL 32063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Same</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNS, JAMES E 84-716 FARRINGTON HWY WAIANAE HI 96792 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Same</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Wade A. Johns* **1-7-03** **904-259-3061**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)