

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000050673

1. Entity Name

JOE SELF AUTOMOTIVE, INC.

07-12-2000 90004 009 \*\*\*150.00

F R99000050673

SECRETARY OF STATE  
DIVISION OF CORPORATION

00 AUG 17 PM 1:38

Principal Place of Business

Mailing Address

258 SOUTHHALL LANE, SUITE 300  
MAITLAND FL 32751

258 SOUTHHALL LANE, SUITE 300  
MAITLAND FL 32751-7457

2. Principal Place of Business

5011 W. Tennessee Street

Suite, Apt. #, etc.

3. Mailing Address

5011 W. Tennessee Street

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32316

Country

USA

City & State

Tallahassee, FL

Zip

32316

Country

USA

4. FEI Number

59-3585379

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HINCKLEY, JAMES C  
258 SOUTHHALL LANE, SUITE 300  
MAITLAND FL 32751

7. Name and Address of New Registered Agent

Name

William Ayesh

Street Address (P.O. Box Number is Not Acceptable)

5011 W. Tennessee Street

City

Tallahassee

FL

Zip Code

32316

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

*William A Ayesh*

06/23/00

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, 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

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	S/D
STREET ADDRESS	William Ayesh
CITY - ST - ZIP	5011 W. Tennessee Street Tallahassee, FL 32316
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P/T/D
STREET ADDRESS	Joe W. Self, Jr.
CITY - ST - ZIP	8801 E. Kellogg Wichita, KS 67278
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*William Ayesh*

06/23/00

850-576-6171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)