

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90031 022 ***150.00

DOCUMENT # 126680

1. Entity Name

ST JOHNS CHEVROLET-BUICK CO.

Principal Place of Business

P O BOX 818
 1601 REID STREET
 PALATKA FL 32177-3146

Mailing Address

P O BOX 818
 PALATKA FL 32177-3146

2. Principal Place of Business

955 N. Hwy. 17
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 818
 Suite, Apt. #, etc.

City & State

Palatka FL

City & State

Palatka, FL

Zip

32177

Country

USA

Zip

32178

Country

USA

4. FEI Number

59-0432550

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, R.G.
 1601 REID STREET
 PALATKA FL 32077

7. Name and Address of New Registered Agent

Name Gloria Williams
 Street Address (P.O. Box Number is Not Acceptable)
 957 N. Hwy. 17
 City Palatka FL Zip Code 32177

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 Gloria B Williams

Signature, typed or printed name of registered agent and title if applicable.

Gloria Williams

(NOTE: Registered Agent signature required when reinstating)

2-7-02

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

TITLE NAME	PD WILLIAMS, R G	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1601 REID STREET	
CITY-ST-ZIP	PALATKA FL	
TITLE NAME	ST WILLIAMS, GLORIA	<input type="checkbox"/> Delete
STREET ADDRESS	1601 REID STREET	
CITY-ST-ZIP	PALATKA FL	
TITLE NAME	VP WILLIAMS, RANDALL C	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1601 REID ST	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Gloria B Williams Gloria Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-02

Date

(356)

325-3258

Daytime Phone #

CR2E034 (9/01)