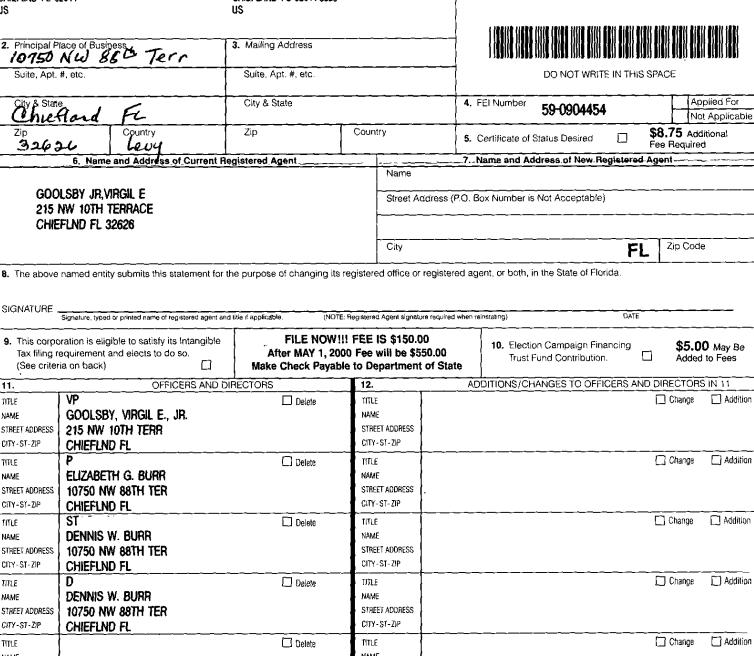
2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # 239360** 1. Entity Name CHIEFLAND AUTO PARTS AND SERVICE INC Mailing Address Principal Place of Business 103 NORTH MAIN STREET P O BOX 25 CHIEFLND FL 32644 CHIEFLAND FL 32644-0025 2. Principal Place of Business 10750 NW 86 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Zip Country 32626 6. Name and Address of Current Registered Agent. Name GOOLSBY JR.VIRGIL E 215 NW 10TH TERRACE

FILED Jan 18, 2000 8:00 am Secretary of State

01-18-2000 90056 024 ***150.00



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.

DITY-ST-7IP

City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

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12.

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SIGNATURE:

CHIEFLND FL 32626

9. This corporation is eligible to satisfy its Intangible

GOOLSBY, VIRGIL E., JR.

215 NW 10TH TERR

ELIZABETH G. BURR

10750 NW 88TH TER

CHIEFLND FL

CHIEFLND FL

CHIEFLND FL

CHIEFLND FL

DENNIS W. BURR

DENNIS W. BURR

10750 NW 88TH TER

10750 NW 88TH TER

Tax filing requirement and elects to do so.

(See criteria on back)

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

OFFICERS AND DIRECTORS

SIGNATURE

11.

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

STREET ADORESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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OF SIGNING OFFICER OR DIRECTOR

☐ Change

Addition