

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 273244

1. Entity Name

PARTS AND SUPPLY, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90102 008 ***150.00

00007643



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1100 N MONROE ST
TALLAHASSEE FL 32303

Mailing Address
7784 CORNUCOPIA LANE
TALLAHASSEE FL 32308-9656

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **59-1007624**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
SYFRETT, JERRY T.
7784 CORNUCOPIA LANE
TALLAHASSEE FL 32308

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SYFRETT, JERRY T	
STREET ADDRESS	1100 N MONROE ST	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SYFRETT, THOMAS F	
STREET ADDRESS	1100 NORTH MONROE ST.	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	STD	<input type="checkbox"/> Delete
NAME	JESSUP, ANDREA S	
STREET ADDRESS	1100 N MONROE ST	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SYFRETT, LOUISE N	
STREET ADDRESS	1100 N MONROE ST	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
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 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
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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: Andrea S. Jessup
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Andrea S. Jessup, Secretary/Officer

1/10/00 (850) 893-3200
Date Daytime Phone #

CR2E034 (9/99)