

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 285549

1. Entity Name

ST. JOHNS MOTORS, INC.

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90151 032 ***150.00

Principal Place of Business

Mailing Address

U S #1 NORTH
P O BOX 854
ST AUGUSTINE FL 32085

U S #1 NORTH
P O BOX 854
ST AUGUSTINE FL 32085

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1059358**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCQUAIG, EDWARD A.
U.S. #1 NORTH
ST AUGUSTINE FL 32084

Name
Gretta A. Mullis

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

1011 San Rafael Street

City
St. Augustine, FL

FL

Zip Code
32080

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 Gretta A. Mullis Gretta A. Mullis 4/9/2001
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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME MCQUAIG, E A
STREET ADDRESS 199 INLET DRIVE
CITY-ST-ZIP ST AUGUSTINE FL ☒ Delete

TITLE D
NAME MCQUAIG, EDWARD ANTHONY
STREET ADDRESS 199 INLET DRIVE
CITY-ST-ZIP ST AUGUSTINE FL ☒ Delete

TITLE STD
NAME MCQUAIG, JUNE A
STREET ADDRESS 199 INLET DRIVE
CITY-ST-ZIP ST AUGUSTINE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE PD
NAME Gretta A. Mullis
STREET ADDRESS 1011 San Rafael Street
CITY-ST-ZIP St. Augustine, FL 32080 ☒ Change ☐ Addition

TITLE STD
NAME Thomas Mullis
STREET ADDRESS 1011 San Rafael Street
CITY-ST-ZIP St. Augustine, FL 32080 ☒ Change ☐ Addition

TITLE VPD
NAME McQuaig, June A.
STREET ADDRESS 199 Inlet Drive
CITY-ST-ZIP St. Augustine, FL 32080 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: Gretta A. Mullis Gretta A. Mullis 4/9/2001 904 471 3904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0450310

CR2E034 (10/00)