

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 444297

1. Entity Name

SHERWOOD AUTO PARTS, INC.



Principal Place of Business
7257 NEW KING ROAD
JACKSONVILLE FL 32219-3872

Mailing Address
7257 NEW KING ROAD
JACKSONVILLE FL 32219-3872

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-1501871

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

FRANKLIN, ROY LEE
2182 WEST 14TH STREET
JACKSONVILLE FL 32209

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FRANKLIN, ROY LEE
STREET ADDRESS 2182 W. 14TH ST.
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE D
NAME FRANKLIN, BARBARA F.
STREET ADDRESS 2182 W. 14TH ST.
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE VD
NAME FRANKLIN, CLYDE B.
STREET ADDRESS 5558 SOUTEL DR.
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE DT
NAME FRANKLIN, MAJOR
STREET ADDRESS 8419 DUBLIN CT.
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE SD
NAME FISHER, MAXINE
STREET ADDRESS 6234 WOODLAWN CT.
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE D
NAME FRANKLIN, SHIRLEY
STREET ADDRESS 8419 DUBLIN CT.
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10028817



CR2E034 (10/02)