2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Feb 19, 2001 8:00 am **DOCUMENT # 477195** Secretary of State 1. Entity Name SUMNER'S SERVICE AND MOTOR PARTS, INC. 02-19-2001 90046 036 ***150 00 Mailing Address Principal Place of Business 3825 HWY 60 WEST 3825 HWY 60 WEST MULBERRY FL 33860 MULBERRY FL 33860 EHH552212 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For 4. FEI Number City & State 59-1617575 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent COWARD SUMNER, MACK E. t Address (P.O. Box Number is Not Acceptable) 3825 HWY 60 WEST MULBERRY FL 33860 01B0X 916 3802 .0916 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. TITLE Addition ☐ Delete TITLE SUMNER, MACK E. NAME NAME 3825 HWY 60 WEST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MULBERRY FL Change ☐ Addition ☐ Delete TITLE TITLE **BOBYE P SUMNER** NAME NAME 3825 HWY 60 WEST STREET ADDRESS STREET ADDRESS City-ST-7IP CITY-ST-ZIP MULBERRY FL Change Change ☐ Addition TITLE ☐ Delete TITLE ROBERT STRANGE AVID SUMNER NAME NAME 3825 HWY 60 WEST STREET ADDRESS STREET ADDRESS 3825 HUU 60 WES CITY-ST-ZIP MULBERRY FL CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.