

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 23, 2001 8:00 am**  
**Secretary of State**

01-23-2001 90038 043 \*\*\*150.00

**DOCUMENT # 519061**

1. Entity Name  
**JOHN'S AUTO PARTS, INC.**

Principal Place of Business

~~1811 LAKE TRAFFORD RD~~  
**IMMOKALEE FL 34142**  
 US

Mailing Address

~~1811 LAKE TRAFFORD RD~~  
**IMMOKALEE FL 34142**  
 US

**702058**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1813 Lake Trafford Rd**  
 Suite, Apt. #, etc.

3. Mailing Address

**1813 Lake Trafford Rd**  
 Suite, Apt. #, etc.

City & State

**Immokalee FL**

City & State

**Immokalee FL**

4. FEI Number **59-1709272**

Applied For  
 Not Applicable

Zip

Country

**34142**

**Collier**

Zip

Country

**34142**

**Collier**

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

6. Name and Address of Current Registered Agent

**FISH, ALLEN**

~~1811 LAKE TRAFFORD RD~~  
**IMMOKALEE FL 34142**

7. Name and Address of New Registered Agent

Name

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

**1813 Lake Trafford Rd**

City

**Immokalee**

**FL**

Zip Code

**34142**

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

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	FISH, BARBARA	<del>1811 LAKE TRAFFORD RD</del>	IMMOKALEE, FL 00000	<input type="checkbox"/>
D	FISH, ALLEN	<del>1811 LAKE TRAFFORD RD</del>	IMMOKALEE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		<b>1813 Lake Trafford Rd</b>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<b>1813 Lake Trafford Rd</b>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Barbara Fish*

DATE

**1-12-01**

DAYTIME PHONE #

**(941) 657-4889**

CR2E034 (10/00)