

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000001938

1. Entity Name

WALT'S TRANSMISSION AND AUTOMOTIVE REPAIR, LTD.

Principal Place of Business

Mailing Address

SAME

527 N. BEACH ST.

DAYTONA BEACH, FL 32114

FILED

01 APR 26 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2316627

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALTER L. BEDDARD

3657 FRANCIS ST.

PORT ORANGE, FL 32119

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
WALTER L. BEDDARD
3657 FRANCIS ST.
PORT ORANGE, FL 32119

STREET ADDRESS

CITY-ST-ZIP

800004192718--9

-05/10/01--01041--003

****150.00 ****150.00

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CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes, had signed under oath; that I am a General Partner of the limited partnership or

SIGNATURE: Walter L. Beddard SIGD
WALTER L. BEDDARD ABOVE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/22/01

904-252-1727

Date

Daytime Phone #

CR2E003 (11/00)