

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000000291**

1. Entity Name

FLEMING ISLAND AUTO SERVICE CENTER, LTD.

Principal Place of Business

**4560 LENOX AVENUE
JACKSONVILLE FL 32205**

Mailing Address

~~P.O. BOX 40105~~
JACKSONVILLE FL 32203-0105

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 24 AM 3:05



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1550-A BUSINESS CENTER DR.

3. Mailing Address

N/A

Suite, Apt. #, etc.

Suite A

Suite, Apt. #, etc.

City & State

ORANGE PARK, Florida

City & State

4. FEI Number

59-3587594

Applied For

Not Applicable

Zip

32073

Country

USA

Zip

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**O'CONNOR, JOHN W.
4560 LENOX AVENUE
JACKSONVILLE FL 32205**

7. Name and Address of New Registered Agent

Name

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

1550-A BUSINESS CENTER DRIVE

City

ORANGE PARK

FL

Zip Code

32073

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

John W. O'Connor **John W. O'Connor**

4/13/00

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.

\$7,500.00

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

DOCUMENT # **F47768**
NAME **O'CONNOR DEVELOPMENT CORPORATION**
STREET ADDRESS **4560 LENOX AVENUE**
CITY - ST - ZIP **JACKSONVILLE FL 32205**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **1550-A BUSINESS CENTER DRIVE**
CITY - ST - ZIP **ORANGE PARK, Florida 32073**

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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 made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

John W. O'Connor **John W. O'Connor Pres.** **4/13/00** **904/215-7575**

CR2E003 (9/99)