

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F56474**

1. Entity Name
SCULLEY AUTO PARTS, INC.

Principal Place of Business Mailing Address
THOMAS W. DRAWDY, JR.
419 SOUTH JEFFERSON ST.
MONTICELLO FL 32344

2. Principal Place of Business 3. Mailing Address
535 So. Jefferson
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State
Monticello FL
Zip
32344

City & State
Jefferson
Zip
32344

4. FEI Number **59-2142454** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DRAWDY, THOMAS W. JR.
419 S. JEFFERSON ST.
MONTICELLO FL 32344

7. Name and Address of New Registered Agent

Name **Keven Sculley**
Street Address (P.O. Box Number is Not Acceptable)
535 So. Jefferson
Monticello
City **FL** Zip Code **32344**

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 *Keven Sculley*
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, 2002 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	PSD SCULLEY, LEON W. 705 FALCON DR THOMASVILLE GA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCULLEY, LEON KEVEN US 19 N MONTICELLO, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KRISTAD, KIMBERLY 2432 MADISON DRIVE TIFTON GA 31794	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Keven Sculley*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jun 16, 2002 8:00 am
Secretary of State

05-23-2002 90038 032 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)