

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90369 004 ***150.00

2003 **FOR PROFIT CORPORATION** **UNIFORM BUSINESS REPORT (UBR)** 2003

DOCUMENT # F56474

1. Entity Name
Sculley Auto Parts Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
535 So Jefferson Street

Suite, Apt. #, etc.

3. Mailing Address
P O Box 366

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Monticello Florida

City & State
Monticello Florida

4. FEI Number
59-2142454

Applied For
☐ Not Applicable

Zip
32344

Country
Jefferson

Zip
32345

Country
Jefferson

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Keven Sculley

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

City
Monticello **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Leon Sculley Thomasville GA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Keven Sculley US 19 North Monticello FL 32344	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Kimberly Kristad 2432 Madsion Drive Tifton GA 31794	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Keven Sculley

Date

Daytime Phone #

4-29-03 997-2526

CR2E034B (12/02)