

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F72590

1. Entity Name

ELECTRIC MOTOR REPAIR SERVICE OF FORT WALTON BEA

Principal Place of Business

90 SKIPPER AVE.  
FT. WALTON BEACH FL 32547-6742  
US

Mailing Address

90 SKIPPER AVE.  
FORT WALTON BEACH FL 32547-2748  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

OGLESBY, DOUGLAS THOMAS  
90 SKIPPER AVE.  
FT. WALTON BEACH FL 32547

7. Name and Address of New Registered Agent

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. 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, 2000 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 P ☒ Delete  
NAME OGLESBY, DOUGLAS T  
STREET ADDRESS 2294 JAMES PEAPEN RD  
CITY-ST-ZIP BAKER FL 32531

TITLE ST ☐ Delete  
NAME OGLESBY, KATHERINE I.  
STREET ADDRESS 2294 JAMES PEAPEN RD  
CITY-ST-ZIP BAKER FL 32531

TITLE V ☐ Delete  
NAME OGLESBY, LESLIE N.  
STREET ADDRESS 4634 ANTIOCH RD  
CITY-ST-ZIP CRESTVIEW FL 32536

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition  
NAME Oglesby, Leslie N.  
STREET ADDRESS 4634 Antioch Rd.  
CITY-ST-ZIP Crestview, FL 32536

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☒ Change ☒ Addition  
NAME Broxson, G. Aaron  
STREET ADDRESS 1016 Pine Tree Rd  
CITY-ST-ZIP Mary Esther, FL 32569

TITLE ☐ Change ☒ Addition  
NAME Office Manager  
STREET ADDRESS Oglesby, Vicki C.  
CITY-ST-ZIP 4634 Antioch Rd.  
Crestview FL 32536

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Leslie N. Oglesby*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 11, 2000 8:00 am  
Secretary of State

04-11-2000 90237 008 \*\*\*150.00

00037333



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2185119 Applied For  
Not Applicable

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

CR2E034 (9/99)