

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000002881

1. Entity Name
MID-STATE AUTOMOTIVE DISTRIBUTORS, INC.

FILED

02 NOV 15 PM 3:43

Principal Place of Business

485 CRAIGHEAD STREET
NASHVILLE TN 37204

Mailing Address

P.O. BOX 24290
NASHVILLE TN 37202

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT DO NOT WRITE IN THIS SPACE 02

2. Principal Place of Business

233 SOUTH PATTERSON

3. Mailing Address

233 SOUTH PATTERSON

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SPRINGFIELD MD

City & State

SPRINGFIELD MD

4. FEI Number

62-0801226

Applied For

Not Applicable

Zip

65801

Country

Greene

Zip

65801

Country

Greene

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C.T. CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 11/11/2002

Signature, type and print 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	PD	<input checked="" type="checkbox"/> Delete
NAME	MCCABE, ROGER J	
STREET ADDRESS	485 CRAIGHEAD STREET	
CITY-ST-ZIP	NASHVILLE TN 37204	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	BALL, STEPHEN R	
STREET ADDRESS	485 CRAIGHEAD STREET	
CITY-ST-ZIP	NASHVILLE TN 37204	
TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	TAYLOR, MICHAEL W	
STREET ADDRESS	485 CRAIGHEAD STREET	
CITY-ST-ZIP	NASHVILLE TN 37204	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID E. O'Reilly	
STREET ADDRESS	233 SOUTH PATTERSON	
CITY-ST-ZIP	SPRINGFIELD, MD 65801	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRICIA HEADLEY	
STREET ADDRESS	233 SOUTH PATTERSON	
CITY-ST-ZIP	SPRINGFIELD, MD 65801	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES R. BATTEN	
STREET ADDRESS	233 SOUTH PATTERSON	
CITY-ST-ZIP	SPRINGFIELD, MD 65801	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/02

Date

417-874-7114

Daytime Phone #

CR2E034 (9/01)