

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F96000001559****1. Entity Name**  
**ST. JOHNS MOTOR SALES, INC.****Principal Place of Business**  
**2995 US 1 SOUTH**  
**ST AUGUSTINE FL 32086**  
**US****Mailing Address**  
**2995 US 1 SOUTH**  
**ST AUGUSTINE FL 32086**  
**US****2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip Country Zip Country

**4. FEI Number** **59-3364916**Applied For  
Not Applicable**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**

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, 2001 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	<input type="checkbox"/> Delete
	<b>P</b>			
	<b>BROOKS, WILLIAM L.</b>	<b>2995 US HWY 1 SOUTH</b>	<b>ST AUGUSTINE FL</b>	
	<b>ST</b>			
	<b>HAWKINS, EVA M.</b>	<b>2995 US HWY 1 SOUTH</b>	<b>ST AUGUSTINE FL</b>	
	<b>AS</b>			
	<b>SCOTT, PEARL</b>	<b>2995 US HWY 1 SOUTH</b>	<b>ST AUGUSTINE FL</b>	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*William L Brooks*

1-2-2001

Date

904-797-8800

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)