

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90150 025 ***150.00

DOCUMENT # F97000003250

1. Entity Name

WEST VOLUSIA AUTO SUPPLY, INC.

Principal Place of Business

**128 SOUTH WOODLAND BLVD
DELAND FL 32720**

Mailing Address

**128 SOUTH WOODLAND BLVD
DELAND FL 32720**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **58-2307038**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LACOUR, JOHN U
128 S WOODLAND BLVD
DELAND FL 32720**

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

John U. Lacour **John U. Lacour, Pres**

DATE

2/16/2001

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	LACOUR, JOHN U	
STREET ADDRESS	128 S WOODLAND BLVD	
CITY-ST-ZIP	DELAND FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BARBEE, MIKE	
STREET ADDRESS	5420 PEACHTREE INDUSTRIAL BLVD	
CITY-ST-ZIP	NORCROSS GA	
TITLE	V	<input type="checkbox"/> Delete
NAME	SUSOR, ROBERT J	
STREET ADDRESS	2999 CIRCLE 75 PARKWAY	
CITY-ST-ZIP	ATLANTA GA	
TITLE	T	<input type="checkbox"/> Delete
NAME	KIMBALL, MADELON S	
STREET ADDRESS	128 SOUTH WOODLAND BLVD	
CITY-ST-ZIP	DELAND FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JONES, MARTIN H	
STREET ADDRESS	1090 HAINES STREET	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	WEBB JR, BRAINARD T	
STREET ADDRESS	2999 CIRCLE 75 PKWY	
CITY-ST-ZIP	ATLANTA GA	

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	
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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:

Madelon S. Kimball **Madelon S. Kimball**

Date

1/18/01

Daytime Phone #

904-134-4773

CR2E034 (10/00)