

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90109 022 ***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

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

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, 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 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 checked="" 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, MADELO 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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD MIKE Foster
STREET ADDRESS	1090 Haines St.
CITY-ST-ZIP	Jacksonville, FL
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AS Scott Smith
STREET ADDRESS	2999 Circle 75 PKWY
CITY-ST-ZIP	Atlanta, GA

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:

John U. Lacour
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/20/02
 Date

386-734-4773
 Daytime Phone #

CR2E034 (9/01)