

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000004022

1. Entity Name

LA BELLE AUTO AND TRUCK SUPPLY, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90185 039 ***150.00

Principal Place of Business

Mailing Address

860 SO MAIN ST
LA BELLE FL 33935

860 SO MAIN ST
LA BELLE FL 33935-4442

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

65-0762454

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

O'HARA, MICHAEL K
860 SO MAIN ST
LA BELLE FL 33935

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME O'HARA, MICHAEL K
STREET ADDRESS 406 MAGNOLIA AVE
CITY-ST-ZIP LEHIGH ACRES FL 33936

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

TITLE VD ☐ Delete
NAME BARBEE, MICHAEL
STREET ADDRESS 5188 CALDWIN TERRACE
CITY-ST-ZIP MARIETTA GA 30068

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

TITLE VD ☒ Delete
NAME SUSOR, ROBERT J
STREET ADDRESS 2999 CIRCLE 75 PARKWAY
CITY-ST-ZIP ATLANTA GA 30339

TITLE VD ☒ Change ☐ Addition
NAME HANCOCK, THOMAS E.
STREET ADDRESS 2999 CIRCLE 75 PARKWAY
CITY-ST-ZIP ATLANTA, GA 30339

TITLE SD ☒ Delete
NAME BAKER, BRET K
STREET ADDRESS 14028 SHADY SHORES DRIVE
CITY-ST-ZIP TAMPA FL 33612

TITLE SD ☒ Change ☐ Addition
NAME KOENIGSHOFER, RON
STREET ADDRESS 9136 HIGHLAND RIDGE
CITY-ST-ZIP TAMPA, FL 33647

TITLE TD ☐ Delete
NAME ROSS, GEORGE D
STREET ADDRESS 2003 SE 13TH TERRACE
CITY-ST-ZIP CAPE CORAL FL 33990

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

TITLE AS ☒ Delete
NAME WEBB, BRAINARD T JR
STREET ADDRESS 2999 CIRCLE 75TH PARKWAY
CITY-ST-ZIP ATLANTA GA 30339

TITLE AS ☒ Change ☐ Addition
NAME SMITH, SCOTT C.
STREET ADDRESS 2999 CIRCLE 75 PARKWAY
CITY-ST-ZIP ATLANTA, GA 30339

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:

Michael K O'Hara Michael K O'Hara

Date

Daytime Phone #

CR2E034 (9/99)