

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2002 8:00 am**  
**Secretary of State**

01-30-2002 90144 023 \*\*\*150.00

**DOCUMENT # F97000004022**

1. Entity Name  
**LA BELLE AUTO AND TRUCK SUPPLY, INC.**

Principal Place of Business

**860 SO MAIN ST  
 LA BELLE FL 33935**

Mailing Address

**860 SO MAIN ST  
 LA BELLE FL 33935**

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**

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 *Michael K O'Hara*  
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-14-02

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

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 **SD** ☐ Change ☒ Addition  
 NAME **Koenigshofer Ron**  
 STREET ADDRESS **9136 Highland Ridgeway**  
 CITY-ST-ZIP **Tampa FL 33647**

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

TITLE **TD** ☐ Change ☒ Addition  
 NAME **Cynthia L O'Hara**  
 STREET ADDRESS **406 Magnolia Ave**  
 CITY-ST-ZIP **Lehigh Acres FL 33936**

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

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

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

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

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 ☐ Change ☐ 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:**

*Michael K O'Hara* **Michael K O'Hara** 1-14-02 863-675-0046

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)