

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90089 004 ***150.00

DOCUMENT # F97391

1. Entity Name
AUTO CLINIC OF STUART, INC.



Principal Place of Business
% JOHN L. CAMPBELL
259 N.W. DIXIE HIGHWAY
STUART FL 34994

Mailing Address
% JOHN L. CAMPBELL
259 N.W. DIXIE HIGHWAY
STUART FL 34994



☐ CHECK HERE IF MAKING CHANGES

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 **59-2157888**

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

CAMPBELL, JOHN L.
259 N.W. DIXIE HIGHWAY
STUART FL 34994

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DP	CAMPBELL, JOHN L	3370 SW 75TH AVE	PALM CITY FL	<input type="checkbox"/> Delete
S	BAKER, JEFFERY R	1622 S.E. COLLETTE CT.	PT ST LUCIE FL 34952	<input type="checkbox"/> Delete
T	MASSIE, RODGER	2774 S.E. HOWELL AVE	PORT SAINT LUCIE FL 34952	<input checked="" type="checkbox"/> Delete
VP	PRIDGEN, WILLIAM B	2239 SO KANNER HWY	STUART FL 34994	<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TREASURER	TEN MULHOLLAND	1452 S.W. IRVING ST.	PT ST LUCIE FL 34983	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
VICE PRESIDENT	WILLIAM B. PRIDGEN	P.O. Box 343	Jessie Beach FL 34958	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John L. Campbell* **JOHN L. CAMPBELL** 1-772-692-0060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #