

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003639

1. Entity Name

WEST MARION COUNTY AUTO PARTS AND ACCESSORIES, I

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90105 012 ***150.00

Principal Place of Business

11473 N. WILLIAMS ST.
DUNNELLON FL 34432

Mailing Address

11473 N. WILLIAMS ST.
DUNNELLON FL 34432-5844

00007239



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3504528**

Applied For

Not Applied

Zip

Country

Zip

Country

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

BENNETT, LINDA L
11473 N. WILLIAMS ST.
DUNNELLON FL 34432

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	PTD	<input type="checkbox"/> Delete
NAME	BENNETT, LINDA L	
STREET ADDRESS	10585 SPAULDING DR	
CITY-ST-ZIP	CITRUS SPRINGS FL 34433	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BARBEE, MIKE	
STREET ADDRESS	5420 PEACHTREE INDUSTRIAL BLD.	
CITY-ST-ZIP	NORCROSS GA 30091	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JONES, MARTY	
STREET ADDRESS	1090 HAINES ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE	V	<input type="checkbox"/> Delete
NAME	SUSOR, ROBERT J	
STREET ADDRESS	2999 CIRCLE 75 PKWY.	
CITY-ST-ZIP	ATLANTA GA 30339	
TITLE	AS	<input type="checkbox"/> Delete
NAME	SMITH, SCOTT	
STREET ADDRESS	2999 CIRCLE 75 PKWY.	
CITY-ST-ZIP	ATLANTA GA 30339	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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
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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: Linda L. Bennett *Linda L. Bennett*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-00

Date

352-489-3391

Daytime Phone #