FILED

03-16-2001 90016 048 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9800003639 1. Entity Name

WEST MARION COUNTY AUTO PARTS AND ACCESSORIES, I

				}					
Principal Place of Business Mailing Address									
11473 n. Williams St. Dunnellon Fl 34432		11473 N. WILLIAMS ST. DUNNELLON FL 34432			0010100				
					1 1884188 HVT 18781 IAN	44 (1111 (1111 (1111 (1111 (1111 (In disentation of	KRI a (aug 1 82)	
2. Principal Place of Business		3. Mailing Address		· · · · ·					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO I	NOT WRITE IN THIS	SPACE		
City & State		City & State		4.	FEI Number 59-3	R504528	Ar	oplied For	
Zip	Country	Zip	Country				\$8.75 Add	ot Applicable	
		<u> </u>	<u></u>		Certificate of Status I		Fee Require	ed	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
BENNETT, LINDA L 11473 N. WILLIAMS ST. DUNNELLON FL 34432			Stree	Street Address (P.O. Box Number is Not Acceptable)					
			City		 -	FL	Zip Cod	le	
R The above	named entity submits this statement for	or the purpose of changing its	registered office	or registered a	gent or both in the S		<u> </u>		
				0.00 \$550.00	reinstating) 10. Election Carro Trust Fund C			May Be	
11,	OFFICERS AND	DIRECTORS	12.		DDITIONS/CHANGES	TO OFFICERS AND	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Bennett, Linda L 10585 Spaulding DR Citrus Springs FL 34433	☐ Delete	TITLE NAME STREET ADORES CITY-ST-ZIP	PTD BENNE 23914 DUNNE	TTLINDAL NAUTILUS ELLON FL	BLVD. 34431	⊠ Chánge	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BARBEE, MIKE 5420 PEACHTREE INDUSTRIAL NORCROSS GA 30091	□ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	_			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JONES, MARTY 1090 HAINES ST. JACKSONVILLE FL 32206	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	S	<u></u>	***************	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SUSOR, ROBERT J 2999 CIRCLE 75 PKWY. ATLANTA GA 30339	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	s			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SMITH, SCOTT 2999 CIRCLE 75 PKWY. ATLANTA GA 30339	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	s			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	s		·	Change	Addition	

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.

LINDA L. BENNETT

SIGNATURE: