

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90392 046 ***150.00



☒ CHECK HERE IF MAKING CHANGES

DOCUMENT # F98000003639

1. Entity Name
WEST MARION COUNTY AUTO PARTS AND ACCESSORIES, INC.

Principal Place of Business
11473 N. WILLIAMS ST.
DUNNELLON FL 34432

Mailing Address
11473 N. WILLIAMS ST.
DUNNELLON FL 34432

2. Principal Place of Business

20327 E. PENNSYLVANIA AVE.

Suite, Apt. #, etc.

SUITE G

City & State

DUNNELLON, FL

Zip

34432

Country

USA

3. Mailing Address

20372 E. PENNSYLVANIA AVE.

Suite, Apt. #, etc

SUITE G

City & State

DUNNELLON, FL

Zip

34432

Country

USA

4. FEI Number 59-3504528

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

20372 E. PENNSYLVANIA AVE.

SUITE G

City

DUNNELLON

FL

Zip Code

34432

7. Name and Address of New Registered Agent

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
BENNETT, LINDA L
23914 NAUTILUS BLVD
DUNNELLON FL 34431 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
BARBEE, MIKE
5420 PEACHTREE INDUSTRIAL BLD.
NORCROSS GA 30091 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
FOSTER, MIKE
1090 HAINES ST
JACKSONVILLE FL 32206 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
HANCOCK, THOMAS
2999 CIRCLE 75 PKWY
ATLANTA GA 30339 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
SMITH, SCOTT
2999 CIRCLE 75 PKWY.
ATLANTA GA 30339 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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: Linda L. Bennett SIGNATURE REQUIRED LINDA L. BENNETT, PRES. 2-16-03 (352) 489-3391

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)