

# 2002 UNIFORM BUSINESS REPORT (UBR)

0039768 AV

DOCUMENT # J21341

1. Entity Name  
BEAVERS' AUTO CENTER, INC.

Principal Place of Business

1609 S. MONROE STREET  
TALLAHASSEE FL 32301

Mailing Address

1609 S. MONROE STREET  
TALLAHASSEE FL 32301

FILED

2002 MAR 19 AM 9:42

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-2368852

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARTSFIELD, PAUL F., JR.  
211 S. GADSDEN STREET  
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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, 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

TITLE P ☐ Delete  
NAME BEAVERS, JAMES E  
STREET ADDRESS 719 MERRY ROBINS RD  
CITY-ST-ZIP TALLAHASSEE FL

TITLE VP ☐ Delete  
NAME ASHMORE, JUNE  
STREET ADDRESS 430 E COLLEGE AVE  
CITY-ST-ZIP TALLAHASSEE FL

TITLE VP ☐ Delete  
NAME BEAVERS, SHIRLEY H  
STREET ADDRESS 719 MERRY ROBINS RD  
CITY-ST-ZIP TALLAHASSEE FL

TITLE ST ☐ Delete  
NAME ASHMORE, R E  
STREET ADDRESS 430 E COLLEGE AVE  
CITY-ST-ZIP TALLAHASSEE FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1609 S. MONROE ST.  
CITY-ST-ZIP TALLAHASSEE, FL 32301

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

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1609 S. MONROE ST  
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 200005139892-1  
CITY-ST-ZIP -03/22/02--01002--001  
\*\*\*\*150.00 \*\*\*\*150.00

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

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:

R E Ashmore ST  
R E Ashmore

3-18-02

Date

850 222-7917  
850-224-4109

Daytime Phone #

CR2E034 (9/01)