

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90039 026 ***150.00

721646



DO NOT WRITE IN THIS SPACE

DOCUMENT # **J51556**

1. Entity Name
JACK REVELS AUTO SALES, INC.

Principal Place of Business
**PO BOX 155
633 N. ORANGE AVE
GREEN COVE SPRINGS FL 32043**

Mailing Address
**PO BOX 155
633 N. ORANGE AVE
GREEN COVE SPRINGS FL 32043**

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 **59-2754152**

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

**REVELS, JACK R., SR.
633 N. ORANGE AVE
GREEN COVE SPRINGS FL**

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, 2001 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	P	<input type="checkbox"/> Delete
NAME	REVELS, JACK R.	
STREET ADDRESS	3095 REVELS RD	
CITY-ST-ZIP	GREEN COVE SPRGS FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	REVELS, CAROLYN N.	
STREET ADDRESS	3095 REVELS RD	
CITY-ST-ZIP	GREEN COVE SPRGS FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Jack R. Revels, Jr.	
STREET ADDRESS	3919 Randall Rd.	
CITY-ST-ZIP	Green Cove Springs, Fla. 32043	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Adam B. Revels	
STREET ADDRESS	209 Ferris St.	
CITY-ST-ZIP	Green Cove Springs, Fla. 32043	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Joshua M. Revels	
STREET ADDRESS	6245 Island Forest Dr.	
CITY-ST-ZIP	Orange Park, Fla. 32003	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jack R. Revels, Jr.	
STREET ADDRESS	3919 Randall Rd.	
CITY-ST-ZIP	Green Cove Springs, Fla. 32043	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Adam B. Revels	
STREET ADDRESS	209 Ferris St.	
CITY-ST-ZIP	Green Cove Springs, Fla. 32043	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joshua M. Revels	
STREET ADDRESS	6245 Island Forest Dr.	
CITY-ST-ZIP	Orange Park, Fla. 32003	

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, without other like empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-01 904-284-5225

Date

Daytime Phone #

CR2E034 (10/00)