

2001 UNIFORM BUSINESS REPORT (UBR)

000000006974

DOCUMENT # L00000006974

1. Entity Name
AUTO BUFFS, LLC

FILED

01 APR 13 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

12950 BRADY ROAD
JACKSONVILLE FL 32223

Mailing Address

12950 BRADY ROAD
JACKSONVILLE FL 32223

2. Principal Place of Business

5000-65 U.S. 17

3. Mailing Address

5000-65 U.S. 17

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORANGE PARK, FL

City & State

ORANGE PARK, FL

4. FEI Number

59-3665044

Applied For

Not Applicable

Zip

32003

Country

CLAY

Zip

32003

Country

CLAY

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BEAUGH, JOSEPH
12950 BRADY ROAD
JACKSONVILLE FL 32223

7. Name and Address of New Registered Agent

Name GRESHAM STONEBURNER

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

225 WATER ST.

SUITE 2050

City JACKSONVILLE

FL

Zip Code 32202

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

Joseph Beaug

4/11/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGR
NAME BEAUGH, JOSEPH
STREET ADDRESS 12950 BRADY ROAD
CITY-ST-ZIP JACKSONVILLE FL 32223 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
0000004035260--1
-04/20/01--01059--007
*****50.00 *****50.00

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Joseph Beaug

4/11/01

904) 860-0754

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)