

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90082 034 ****50.00

DOCUMENT # L00000006974

1. Entity Name

AUTO BUFFS, LLC



Principal Place of Business

Mailing Address

~~5000-65 U.S. 17~~

ORANGE PARK FL 32003

~~5000-65 U.S. 17~~

ORANGE PARK FL 32003

Same as

1516 C.R. 220

ORANGE PARK, FL 32003

2. Principal Place of Business

1516 CR 220

3. Mailing Address

1516 CR 220

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORANGE PARK FL

City & State

ORANGE PARK, FL

Zip

32003

Country

USA

Zip

32003

Country

USA

4. FEI Number

59-3665044

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**STONEBURNER, GRESHAM
 225 WATER STREET, SUITE 2050
 JACKSONVILLE FL 32202**

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

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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 R. Beaugh

4/12/02

904) 215-0212

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

Date

Daytime Phone #

CR2E083 (9/01)