

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L15389

1. Entity Name

AUTO MASTERS OF NORTHWEST FLORIDA, INC.

Principal Place of Business

Mailing Address

% STEPHEN P. KEHOE
2200 WEST CERVANTES STREET
PENSACOLA FL 32505

% STEPHEN P. KEHOE
2200 WEST CERVANTES STREET
PENSACOLA FL 32505-7147

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

32501

6. Name and Address of Current Registered Agent

BASS & SANDFORT ACCOUNTANTS
127 E ZARAGOZA ST.
SUITE 206
PENSACOLA FL 32501

7. Name and Address of New Registered Agent

Name
Street Address Bass and Sandfort Accountants
711-A West Garden Street
Pensacola FL 32501
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	KEHOE, STEPHEN P	1513 EL RITO DR	GULF BREEZE FL	<input type="checkbox"/>
	KEHOE, MARY JEAN	200 PENSACOLA BEACH ROAD	GULF BREEZE FL 32561	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Exhibit/Trans #

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91518 042 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2967714

Applied For
Not Applicable

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