

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90125 040 ***150.00

OFFICIAL
AV

DOCUMENT # L15389

1. Entity Name
AUTO MASTERS OF NORTHWEST FLORIDA, INC.



Principal Place of Business
% STEPHEN P. KEHOE
2200 WEST CERVANTES STREET
PENSACOLA FL 32505

Mailing Address
711 W GARDEN ST
PENSACOLA FL 32501

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Bass and Sandfort Accountants PA
1301 West Garden Street
Pensacola, FL 32501

☐ CHECK HERE IF MAKING CHANGES

Number **59-2967714**

Applied For

Not Applicable

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

BASS & SANDFORT ACCOUNTANTS
711 A WEST GARDEN STREET
PENSACOLA FL 32501

Bass and Sandfort Accountants PA
1301 West Garden Street
Pensacola, FL 32501

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/13/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **KEHOE, STEPHEN P**
STREET ADDRESS **1513 EL RITO DR**
CITY-ST-ZIP **GULF BREEZE FL**

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

TITLE **STD** ☐ Delete
NAME **KEHOE, MARY JEAN**
STREET ADDRESS **200 PENSACOLA BEACH ROAD**
CITY-ST-ZIP **GULF BREEZE FL 32561**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STEPHEN P. KEHOE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/13/03 **850-435-4811**

CR2E034 (10/02)