

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90019 011 ***150.00

DOCUMENT # L35434

1. Entity Name

PARTS INVENTORY SERVICE, INC.

Principal Place of Business

% JOHN GLENN WALLACE
582 TIMBERCREST LANE
ORANGE PARK FL 32073-8179
US

Mailing Address

% JOHN GLENN WALLACE
582 TIMBERCREST LANE
ORANGE PARK FL 32073-8179
US

2. Principal Place of Business

8335 FREEDOM CROSSING TR. # 3604

3. Mailing Address

8335 FREEDOM CROSSING TR. # 3604

Suite, Apt. #, etc.

3604

Suite, Apt. #, etc.

3604

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

Zip

32256

Country

USA

Zip

32256

Country

USA

4. FEI Number 59-2980361

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WALLACE, JOHN GLENN
582 TIMBERCREST LANE
ORANGE PARK FL 32073

7. Name and Address of New Registered Agent

Name

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

8335 FREEDOM CROSSING TR. # 3604

City

JACKSONVILLE

FL

Zip Code

32256

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

John B. Wallace President

1-11-01

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

(NOTE: Registered Agent signature required when re-instating)

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

TITLE	D	<input type="checkbox"/> Delete
NAME	WALLACE, JOHN GLENN	
STREET ADDRESS	8335 FREEDOM CROSSING TR # 3604	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALLACE, JOHN MICHAEL	
STREET ADDRESS	8335 FREEDOM CROSSING TR # 3604	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	D	<input type="checkbox"/> Delete
NAME	LYNCH, JOHN FRANCES I	
STREET ADDRESS	7740 SOUTHSIDE BLVD #101	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 all other like empowered.

SIGNATURE:

John B. Wallace JOHN B WALLACE

1-11-01

904-982-7182

Date

Daytime Phone #

CR2E034 (10/00)