

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L70868

1. Entity Name

SANTA ROSA BEACH AUTO REPAIR, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90051 044 ***550.00

Principal Place of Business

Mailing Address

5438 U.S. HIGHWAY 98 WEST
 SANTA ROSA BEACH FL 32459

5438 U.S. HIGHWAY 98 WEST
 SANTA ROSA BEACH FL 32459-3558

2. Principal Place of Business

3. Mailing Address

POST OFFICE BOX 2447

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SANTA ROSA BEACH, FL

4. FEI Number

59-3009831

Applied For

Not Applicable

Zip

Country

Zip

Country

32459

WALTON

5. 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

NEWMAN, RAYMOND F JR
 1245 E.NURSERY RD
 SANTA ROSA BEACH FL 32459

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

President

5/15/00

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, 2000 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 DP ☐ Delete
 NAME BALDWIN, LARRY
 STREET ADDRESS POB 2447
 CITY-ST-ZIP SANTA ROSA BCH FL 32459

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

TITLE DVPT ☐ Delete
 NAME BALDWIN, LARRY G JR
 STREET ADDRESS 170 BAYOU DR
 CITY-ST-ZIP DESTIN FL 32541

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

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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:

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)