

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 17, 2002 8:00 am**  
**Secretary of State**

09-17-2002 90094 028 \*\*\*550.00

**DOCUMENT # L70868**

**1. Entity Name**  
**SANTA ROSA BEACH AUTO REPAIR, INC.**

**Principal Place of Business**  
**5438 U.S. HIGHWAY 98 WEST**  
**SANTA ROSA BEACH FL 32459**

**Mailing Address**  
**P.O. BOX 2447**  
**SANTA ROSA BEACH FL 32459**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**

**59-3009831**

Applied For

Not Applicable

Zip

Country

Zip

Country

**28734**

**MACON**

**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. 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

**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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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** **DP** ☒ Change ☐ Addition  
**NAME** **Baldwin, Larry**  
**STREET ADDRESS** **31 Lonesome Dove Lane**  
**CITY-ST-ZIP** **FRANKLIN, NC 28734**

**TITLE** **DVPT** ☐ Delete  
**NAME** **BALDWIN, PATRICIA**  
**STREET ADDRESS** **PO BOX 2447**  
**CITY-ST-ZIP** **SANTA ROSA BEACH FL 32459**

**TITLE** **DVPT** ☒ Change ☐ Addition  
**NAME** **Baldwin, Patricia**  
**STREET ADDRESS** **31 Lonesome Dove Lane**  
**CITY-ST-ZIP** **FRANKLIN, NC 28734**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
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**CITY-ST-ZIP**

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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 of Registered Agent**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)