

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M91233

1. Entity Name

W.W. AUTOMOTIVE-TIRE AND BATTERY, INC.

FILED
Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90304 008 ***150.00

Principal Place of Business

% JOYCE M. WILLIAMS
3220 W. BEAVER ST.
JACKSONVILLE FL 32205

Mailing Address

% JOYCE M. WILLIAMS
3220 W. BEAVER ST.
JACKSONVILLE FL 32205

2. Principal Place of Business

2577 W. BEAVER ST.

3. Mailing Address

2577 W. BEAVER ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32205

Country

Zip

32205

Country

4. FEI Number

59-2906417

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, JOYCE M.
3220 W. BEAVER ST.
JACKSONVILLE FL 32205

7. Name and Address of New Registered Agent

Name

WILLIAMS, WALTER D.

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

2577 W. BEAVER ST.

City

JACKSONVILLE

FL

Zip Code

32205

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

Walter D. Williams

WALTER D. WILLIAMS

1/29/01

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

(NOTE: Registered Agent's 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, 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 PTD ☒ Delete
NAME WILLIAMS, JOYCE M.
STREET ADDRESS 3220 W. BEAVER ST.
CITY-ST-ZIP JACKSONVILLE FL

TITLE SD ☒ Delete
NAME WILLIAMS, JULIE D.
STREET ADDRESS 3220 W. BEAVER ST.
CITY-ST-ZIP JACKSONVILLE FL

TITLE VD ☒ Delete
NAME WILLIAMS, WALTER D.
STREET ADDRESS 3220 W. BEAVER ST.
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTSD ☒ Change ☐ Addition
NAME WILLIAMS, WALTER D.
STREET ADDRESS 2577 W. BEAVER ST.
CITY-ST-ZIP JACKSONVILLE, FL 32205

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

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

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Walter D. Williams

WALTER D. WILLIAMS PTSD

1/29/01

904-388-1577

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)