

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000012619

1. Entity Name
BJ AUTOMOTIVE, III, INC.

Principal Place of Business
6033 S. ORANGE BLOSSOM TRAIL
ORLANDO FL 32809

Mailing Address
6033 S. ORANGE BLOSSOM TRAIL
ORLANDO FL 32809

2. Principal Place of Business
595 3RD ST S.W
Suite, Apt. #, etc.

3. Mailing Address
6200 E COLONIAL DR
Suite, Apt. #, etc.

City & State
WINTER HAVEN FL

City & State
ORLANDO FL

Zip
33580

Country
POLK

Zip
32807

Country
ORANGE

4. FEI Number
59-3617647

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COWART, BOBBY O
11024 EINBENDER ROAD
ORLANDO FL 32825

7. Name and Address of New Registered Agent

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

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. ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 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

TITLE
NAME
D COWART, BOBBY O JR.
STREET ADDRESS
11024 EINBENDER DRIVE
CITY-ST-ZIP
ORLANDO FL 32825

☐ Delete

TITLE
NAME
D SHIFLETTE, JACK J JR.
STREET ADDRESS
664 MURPHY ROAD
CITY-ST-ZIP
WINTER SPRINGS FL 32809

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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: **NOT REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-21-01 407-448-5164

Date Deletion Phone #

FILED
Sep 05, 2001 8:00 am
Secretary of State

09-05-2001 90004 035 ***550.00



DO NOT WRITE IN THIS SPACE

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