

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 12, 2001 8:00 am**  
**Secretary of State**

04-12-2001 90163 050 \*\*\*150.00

0612408

**DOCUMENT # P00000023346**

1. Entity Name  
**OLD TOWN AUTO PARTS, INC.**

Principal Place of Business  
**1 MILE EAST ON C.R.346-A FROM INTERSECTION  
OF SR 349  
OLD TOWN FL 32680**

Mailing Address  
**1 MILE EAST ON C.R.346-A FROM INTERSECTION  
OF SR 349  
OLD TOWN FL 32680**

2. Principal Place of Business  
**HWY 19**  
Suite, Apt. #, etc.

3. Mailing Address  
**PO BOX 986**  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**OLD TOWN FL**  
Zip  
**32680**  
Country  
**DIXIE**

City & State  
**OLD TOWN FL**  
Zip  
**32680**  
Country  
**DIXIE**

4. FEI Number  
**59-3629486**  
Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**JOHNSON, C J**  
**1 MILE EAST ON C.R.346-A FROM INTERSECTION  
OF SR 349  
OLD TOWN FL 32680**

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. (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 **PRES.** ☐ Delete  
NAME **CJ JOHNSON**  
STREET ADDRESS **SR-349**  
CITY-ST-ZIP **OLD TOWN FL 32680**

TITLE **SEC** ☐ Delete  
NAME **RICHARD WRIGHT**  
STREET ADDRESS **7090 NW 167TH PL**  
CITY-ST-ZIP **TRENTON FL 32693**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

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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: **Richard L Wright** **RICHARD L WRIGHT** **3-20-01** **(352)542-8583**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)