

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P00000028689**

1. Entity Name

**ADVANCED AUTO SERVICE, INC.****FILED****Apr 10, 2001 8:00 am**  
**Secretary of State**

04-10-2001 90034 003 \*\*\*158.75

Principal Place of Business

**33814 SILVER PAINE DRIVE  
LEESBURG FL 34788**

Mailing Address

**33814 SILVER PAINE DRIVE  
LEESBURG FL 34788**

2. Principal Place of Business

**1207 W. Main St.**

Suite, Apt. #, etc.

3. Mailing Address

**PO Box 895142**

Suite, Apt. #, etc.

City &amp; State

**Leesburg, FL**

City &amp; State

**Leesburg, FL**

4. FEI Number

**65-1012923**

Applied For

☐ Not ApplicableZip  
**34748**Country  
**USA**Zip  
**34749**Country  
**USA**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

**STEVENS, KATHY S  
33814 SILVER PAINE DRIVE  
LEESBURG FL 34788**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	STEVENS, KATHY S	
STREET ADDRESS	33814 SILVER PAINE DRIVE	
CITY-ST-ZIP	LEESBURG FL 34788	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stevens, Kathy S	
STREET ADDRESS	PO Box 895142	
CITY-ST-ZIP	Leesburg, FL 34749	

TITLE	VD	<input type="checkbox"/> Delete
NAME	STEVENS, LARRY A	
STREET ADDRESS	33814 SILVER PAINE DRIVE	
CITY-ST-ZIP	LEESBURG FL 34788	

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stevens, Larry A	
STREET ADDRESS	PO Box 895142	
CITY-ST-ZIP	Leesburg, FL 34749	

TITLE	SD	<input type="checkbox"/> Delete
NAME	STEVENS, RYAN J	
STREET ADDRESS	33814 SILVER PAINE DRIVE	
CITY-ST-ZIP	LEESBURG FL 34788	

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stevens, Ryan J.	
STREET ADDRESS	PO Box 895142	
CITY-ST-ZIP	Leesburg, FL 34749	

TITLE	TD	<input type="checkbox"/> Delete
NAME	STEVENS, JEREMY L	
STREET ADDRESS	1003 SUMTER ST.	
CITY-ST-ZIP	LEESBURG FL 34748	

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stevens, Jeremy L.	
STREET ADDRESS	2420 Centennial Blvd.	
CITY-ST-ZIP	Leesburg, FL 34748	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

2/22/01

352-365-7832

Date

Daytime Phone #

CR2E034 (10/00)