

## 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90438 004 \*\*\*150.00

DOCUMENT # P00000028689

1. Entity Name

ADVANCED AUTO SERVICE, INC.

Principal Place of Business

Mailing Address

33814 SILVER PAINE DRIVE  
LEESBURG FL 3478833814 SILVER PAINE DRIVE  
LEESBURG FL 347881207 W Main St  
Leesburg FL 34748

33814 Silver Pine Drive

2. Principal Place of Business

1207 W. Main St.

3. Mailing Address

PO Box 895142

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

Leesburg, FL

City &amp; State

Leesburg, FL

4. FEI Number

65-1012923

Applied For

Not Applicable

Zip

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

STEVENS, KATHY S

33814 SILVER PAINE DRIVE 33814 Silver Pine Drive  
LEESBURG FL 34788

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 the fee paid

(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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PO<br>STEVENS, KATHY S<br>33814 SILVER PAINE DRIVE Pine Drive<br>LEESBURG FL 34788 | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>Stevens, Kathy S<br>PO Box 895142<br>Leesburg, FL 34749           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>STEVENS, LARRY A<br>33814 SILVER PAINE DRIVE Pine Drive<br>LEESBURG FL 34788 | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>Stevens, Larry A<br>PO Box 895142<br>Leesburg, FL 34749           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>STEVENS, RYAN J<br>33814 SILVER PAINE DRIVE Pine Drive<br>LEESBURG FL 34788  | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>Stevens, Ryan J.<br>PO Box 895142<br>Leesburg, FL 34749           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>STEVENS, JEREMY L<br>1003 SUMTER ST.<br>LEESBURG FL 34748                    | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>Stevens, Jeremy L.<br>2420 Centennial Blvd.<br>Leesburg, FL 34748 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                    | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                    | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> 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.

President

2/22/01

352-365-7832

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone