

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000050730

1. Entity Name
NEPTUNE MOTORS OF NORTHEAST FLORIDA, INC.



FILED

03 OCT 13 AM 8:08

SECRETARY OF STATE
TALLAHASSEE FLORIDA



REINSTATEMENT

Principal Place of Business
9902 ATLANTIC BOULEVARD
JACKSONVILLE FL 32225

7727 Atlantic Blvd.
Jacksonville, FL 32211

Mailing Address
9902 ATLANTIC BOULEVARD
JACKSONVILLE FL 32225

7727 Atlantic Blvd.

2. Principal Place of Business
7727 Atlantic Blvd.
Suite, Apt. #, etc.

3. Mailing Address
7727 Atlantic Blvd.
Suite, Apt. #, etc.

City & State
Jacksonville, FL

Zip Country
32211 Duval

City & State
Jacksonville, FL

Zip Country
32211 Duval

4. FEI Number 59-3651572

Applied For
Not Applicable

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

WILLIS, TERRI L
9902 ATLANTIC BLVD
JACKSONVILLE FL 32225

Name
Street Address (P.O. Box Number is Not Acceptable)
7727 Atlantic Blvd.
City Jacksonville FL Zip Code 32211

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Terri L. Willis

9-29-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIS, DAVID JR. 10977 CALEDONIA DRIVE JACKSONVILLE FL 32246	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIS, TERRI L 10977 CALEDONIA DRIVE JACKSONVILLE FL 32246	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	000023527140 10/03/03--01006--017 **750.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Terri L. Willis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-29-03

Date

904 125-5033

Daytime Phone #

CR2E034 (4/03)