FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State
03-26-2003 90141 046 ***150.00

DOCUMENT # P00000067394

1. Entity Name
Johnny's Auto Repair, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Route 10 Box 415	Route 10 Box 415
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake City, FL	City & State: Lake City, FL
Zip: 32025 Country: USA	Zip: 32025 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3704609 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Jonathan L. Ward, Jr.
Street Address (P.O. Box Number is Not Acceptable): RT 10 Box 415
City: Lake City FL Zip Code: 32025

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 _____ DATE
Signature, typed or printed name of Registered Agent and title if applicable. (NOTE: Registered Agent signature required when changing)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	P	TITLE	
NAME	Jonathan L. Ward, Jr.	NAME	
STREET ADDRESS	Rt 10 Box 415	STREET ADDRESS	
CITY-ST-ZIP	Lake City, FL 32025	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	Amy D. Ward	NAME	
STREET ADDRESS	Rt 21 Box 1500	STREET ADDRESS	
CITY-ST-ZIP	Lake City, FL 32024	CITY-ST-ZIP	
TITLE	T	TITLE	
NAME	Jonathan L. Ward, Jr	NAME	
STREET ADDRESS	Rt 10 Box 415	STREET ADDRESS	
CITY-ST-ZIP	Lake City, FL 32025	CITY-ST-ZIP	**DO NOT WRITE**
TITLE	S	TITLE	
NAME	Amy D. Ward	NAME	**IN THIS SPACE**
STREET ADDRESS	Rt 21 Box 1500	STREET ADDRESS	
CITY-ST-ZIP	Lake City, FL 32024	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Amy D Ward Amy D. Ward 1/3/03 386-752-9525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #