

2001 UNIFORM BUSINESS REPORT (UBR)

5/3

FILED
May 23, 2001 8:00 am
Secretary of State

05-03-2001 91151 021 ***150.00

DOCUMENT # P00000087465

1. Entity Name

B & R AUTOMOTIVE, INC.

Principal Place of Business

**9200 SW COUNTY RD. 484
 OCALA FL 34481**

Mailing Address

**9200 SW COUNTY RD. 484
 OCALA FL 34481**

2. Principal Place of Business

9200 SW CR 484
 Suite, Apt. #, etc.

3. Mailing Address

SAME
 Suite, Apt. #, etc.

City & State

OCALA, FL

City & State

FL

Zip

34481

Country

MARION

Zip

Country

4. FEI Number

59-3673324

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**STEPHENS, SIDNEY
 8162 SW 103RD PL.
 OCALA FL 34481-7755**

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	PD	<input type="checkbox"/> Delete
NAME	STEPHENS, SIDNEY	
STREET ADDRESS	8162 SW 103RD PL.	
CITY-ST-ZIP	OCALA FL 34481-7755	
TITLE	VDST	<input type="checkbox"/> Delete
NAME	STEPHENS, ALLENE	
STREET ADDRESS	8162 SW 103RD PL.	
CITY-ST-ZIP	OCALA FL 34481-7755	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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: Sidney Stephens **SIDNEY STEPHENS**
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-01 352-254-4525
 Date Daytime Phone

CR2E034 (10/00)