

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90232 019 ***150.00

DOCUMENT # P01000065287

1. Entity Name
BOBBY SUGGS USED AUTO PARTS, INC.



Principal Place of Business
**2347 SW HWY #17
ARCADIA FL 34266**

Mailing Address
**2347 SW HWY #17
ARCADIA FL 34266**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3736739**

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

**RYDER, WANDA S
2347 SW HWY #17
ARCADIA FL 34266**

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

SIGNATURE *[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	SUGGS, BOBBY E SR	
STREET ADDRESS	P.O. BOX 1	
CITY - ST - ZIP	NOCATEE FL 34268	
TITLE	D	<input type="checkbox"/> Delete
NAME	SUGGS, JOEY E	
STREET ADDRESS	P.O. BOX 1	
CITY - ST - ZIP	NOCATEE FL 34268	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SUGGS, JOHNNIE S	
STREET ADDRESS	P.O. BOX 1	
CITY - ST - ZIP	NOCATEE FL 34268	
TITLE	STD	<input type="checkbox"/> Delete
NAME	RYDER, WANDA S	
STREET ADDRESS	2302 SW HWY 17	
CITY - ST - ZIP	ARCADIA FL 34266	
TITLE		<input type="checkbox"/> Delete
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
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NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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: *[Signature]* **Wanda S. Ryder** 2-11-03 863-494-2165
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)