

8/19

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 02, 2002 8:00 am**  
**Secretary of State**

08-19-2002 90127 007 \*\*\*550.00

**DOCUMENT # P01000098726**

1. Entity Name

**C & J USED AUTO PARTS AND U PULL IT, INC.**

Principal Place of Business

5655 BUCK WARD RD  
BAKER FL 32531

Mailing Address

5655 BUCK WARD RD  
BAKER FL 32531

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-3753142

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

**FOSTER, SCOTT****9277 EAGLE NEST DR  
NAVARRE FL 32568**

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 *Scott Foster, Inc.*

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

(NOTE: Registered Agent signature required when reinstating)

08/15/02

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 *CLARENCE J. COHEN, JR* ☐ Delete  
 NAME  
 STREET ADDRESS *5655 BUCK WARD ROAD*  
 CITY-ST-ZIP *BAKER, FL 32531* *President*

TITLE *SECRETARY* ☐ Delete  
 NAME  
 STREET ADDRESS *SCOTT FOSTER*  
 CITY-ST-ZIP *9277 EAGLE NEST DR*  
*NAVARRE, FL 32568*

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Signature Required Secretary*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/15/2002

Date

800-990-8850

Daytime Phone #

CR2E034 (4/02)



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

August 20, 2002

C & J USED AUTO PARTS AND U PULL IT, INC.  
5655 BUCK WARD RD  
BAKER, FL 32531

Subject: C & J USED AUTO PARTS AND U PULL IT, INC.

Reference Number: -P01000098726

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$550.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each officer/director listed on the report or on an attachment.

The person that signed the annual report/uniform business report is not listed as a current officer/director of the corporation. The person signing must be listed as a current officer/director on the report or on an attachment.

**TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION,  
PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF  
CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA  
32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/gs  
ANNUAL REPORTS SECTION

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

**C & J USED AUTO PARTS & U PULL IT, INC.**

**5655 Buck Ward Road  
Baker, Florida 32531  
850-537-9501 Fax 850-537-5956  
800-990-8890**

August 27, 2002

Secretary of State  
Division of Corporations  
P. O. Box 1500  
Tallahassee, Florida 32302-1500

**RE: ANNUAL REPORT**


Dear Sir or Madam:

We have made the corrections/additions required to our annual report and have enclosed the corrected copies of same.

Should you need further information or additional information, please advise.

Thank you for your co-operation.

Sincerely,

  
Scott Foster  
Secretary

RECEIVED  
2002-09-04  
10:00 AM  
TALLAHASSEE