

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90280 020 ***150.00

DOCUMENT # **P93000017563**

1. Entity Name
Magnolia Auto Service Center Inc

DO NOT WRITE IN THIS SPACE

44026981

2. Principal Place of Business 221 E. Magnolia Drive		3. Mailing Address 221 E. Magnolia Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tallahassee, FL		City & State Tallahassee, FL	
Zip 32301	Country U.S.	Zip 32301	Country U.S.

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For Not Applicable
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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 William Hudson		
Street Address (P.O. Box Number is Not Acceptable) 5609 Mossy Top Way		
City Tallahassee	FL	Zip Code 32303

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 **J.E.B.**
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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	President James E. Blount 221 E. Magnolia Dr. Tallahassee, FL 32301	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Registered Agent William Hudson 5609 Mossy Top Way Tallahassee, FL 32303	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **J.E. Blount**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/07/04 **(860) 978-4582**
Date Daytime Phone #

CR2E034B (12/01)