

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000072497

1. Entity Name
CLAY COUNTY AUTO PARTS, INC. ✓

FILED
Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90010 003 ***550.00

Principal Place of Business
1623 BLANDING BLVD.
MIDDLEBURG FL 32068
US

Mailing Address
1623 BLANDING BLVD.
MIDDLEBURG FL 32068
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3228285		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CANNON, J. PHIL 1623 BLANDING BLVD. MIDDLEBURG FL 32068				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 _____ (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. ☒ **FILE NOW!!! FEE IS \$550.00**
After SEPTEMBER 13, 2000 Min. 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	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CANNON, J. PHIL			NAME			
STREET ADDRESS	368 VILLAGE DR.			STREET ADDRESS			
CITY-ST-ZIP	ST. AUGUSTINE FL 32095			CITY-ST-ZIP			
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE	Jason Cannon	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CANNON, JANET A			NAME	2871 Creek Str.		
STREET ADDRESS	368 VILLAGE DR.			STREET ADDRESS	Middleburg, FL. 32068		
CITY-ST-ZIP	ST. AUGUSTINE FL 32095			CITY-ST-ZIP			
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE	Janet A. Cannon	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CANNON, J. PHIL			NAME	368 Village Dr.		
STREET ADDRESS	368 VILLAGE DR.			STREET ADDRESS	St. Augustine, FL		
CITY-ST-ZIP	ST. AUGUSTINE FL 32095			CITY-ST-ZIP	32095		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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 either like empowered.

SIGNATURE: SIGNATURE REQUIRED 7/10/00 904 291-7300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #