

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

07-17-2000 90010 003 \*\*\*550.00

**DOCUMENT # P93000072497**

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

Principal Place of Business 1623 BLANDING BLVD. MIDDLEBURG FL 32068 US	Mailing Address 1623 BLANDING BLVD. MIDDLEBURG FL 32068 US
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DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent <b>CANNON, J. PHIL</b> 1623 BLANDING BLVD. MIDDLEBURG FL 32068			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<b>P</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CANNON, J. PHIL</b>		NAME		
STREET ADDRESS	<b>368 VILLAGE DR.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ST. AUGUSTINE FL 32095</b>		CITY-ST-ZIP		
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CANNON, JANET A</b>		NAME	<b>Jason Cannon</b>	
STREET ADDRESS	<b>368 VILLAGE DR.</b>		STREET ADDRESS	<b>2871 Creek Str.</b>	
CITY-ST-ZIP	<b>ST. AUGUSTINE FL 32095</b>		CITY-ST-ZIP	<b>Middleburg, FL 32068</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CANNON, J. PHIL</b>		NAME	<b>Janet A. Cannon</b>	
STREET ADDRESS	<b>368 VILLAGE DR.</b>		STREET ADDRESS	<b>368 Village Dr.</b>	
CITY-ST-ZIP	<b>ST. AUGUSTINE FL 32095</b>		CITY-ST-ZIP	<b>St. Augustine, FL 32095</b>	
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 another like empowered.

**SIGNATURE:** SIGNATURE REQUIRED **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date: 7/10/00 Daytime Phone #: 904 291-7300