

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000083176

1. Entity Name

ST. JOHNS AUTO & TRUCK PARTS, INC.

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

05-17-2000 90966 050 ***150.00

Principal Place of Business

Mailing Address

66 C STATE RD 16
 ST AUGUSTINE FL 32095

66 C STATE RD 16
 ST AUGUSTINE FL 32095-1622

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3273783

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~STEINMETZ, PAUL M
 7079 KINGS ST
 KEYSTONE HEIGHTS FL 32656~~

Name Paul M Steinmetz Jr.
 Street Address (P.O. Box Number is Not Acceptable) 1839 Shoal Creek Circle
Green Cove Springs
 City Green Cove Springs FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office, registered agent, or both, in the State of Florida

SIGNATURE Paul M Steinmetz Jr.
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

Paul M. Steinmetz Jr. 4-28-00

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 ☒ Delete
 NAME ~~STEINMETZ, PAUL~~
 STREET ADDRESS ~~7079 KINGS ST~~
 CITY-ST-ZIP ~~KEYSTONE HEIGHTS FL 32656~~

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

TITLE ☐ Delete
 NAME DST
 STREET ADDRESS STEINMETZ, NATALIE W
 CITY-ST-ZIP 7079 KINGS ST
 KEYSTONE HEIGHTS FL

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

TITLE ☐ Delete
 NAME DP
 STREET ADDRESS STEINMETZ, PAUL JR.
 CITY-ST-ZIP SHOAL CREEK CIR
 GREEN COVE SPRINGS FL

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS STEINMETZ, STEPHEN G
 CITY-ST-ZIP 6170 A1A S
 ST AUGUSTINE FL 32084

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-28-00

Date

904-8230720

Daytime Phone #

CR2E034 (9/99)