

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000001210

1. Entity Name

SAWL'S AUTO SERVICE INC.

Principal Place of Business

RT. 2, BOX 1472
HWY 17 SOUTH
CRESCENT CITY FL 32112

Mailing Address

RT. 2, BOX 1472
HWY 17 SOUTH
CRESCENT CITY FL 32112

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3286780

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAWL, NORMAN R JR.
RT. 2, BOX 1472
HWY 17 SOUTH
CRESCENT CITY FL 32112

7. Name and Address of New Registered Agent

Name Christopher A. Graham

Street Address (P.O. Box Number is Not Acceptable)

Box 2, Box 1472

Hwy 17, South

City Crescent City

FL

Zip Code 32112

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 Christopher A. Graham

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

(NOTE: Registered Agent signature required when reinstating)

02-08-01

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 \$150.00
After MAY 1, 2001 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

TITLE D ☒ Delete
NAME SAWL, NORMAN R JR.
STREET ADDRESS STAR RT. 2, BOX 106E
CITY-ST-ZIP CRESCENT CITY FL 32112

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President, Owner CP/V/D/S/TH ☒ Change ☐ Addition
NAME Christopher A. Graham
STREET ADDRESS HCR 2, Box 466-B -- 240 N. Lake Drive
CITY-ST-ZIP Crescent City, FL 32112

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

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

TITLE ☐ Change ☐ Addition
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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: Christopher A. Graham

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-08-01 904-698-1814

Date

Daytime Phone #

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90004 049 ***150.00

813802



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)