

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

0010520 AV

DOCUMENT # P95000001210

1. Entity Name
SAWL'S AUTO SERVICE INC.

02-19-2002 90074 016 ***150.00

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

2620 Hwy 17 S.

2620 Hwy 17 S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CRESCENT City FL.

CRESCENT City, FL.

City & State

City & State

32112

32112

Zip

Country **USA.**

Zip

Country **USA.**

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

7. Name and Address of New Registered Agent

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

Name **NORMAN R. SAWL**
 Street Address (P.O. Box Number is Not Acceptable)
2620 Hwy 17 S.
CRESCENT City, FL.
 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

Norman R. Sawl

1/30/02

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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 **PVDS** ☒ Delete
 NAME **GRAHAM, CHRISTOPHER A.**
 STREET ADDRESS **HCR 2, BOX 466-G-240 NORTH LAKE DRIVE**
 CITY-ST-ZIP **CRESCENT CITY FL 32112**

TITLE **PVDS** ☒ Change ☐ Addition
 NAME **Sawl, Norman R.**
 STREET ADDRESS **2620 Hwy 17 S.**
 CITY-ST-ZIP **CRESCENT City, FL 32112**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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TITLE ☐ Change ☐ Addition
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 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 609.01(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 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 609, 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:

Norman R. Sawl
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/02
 Date

(386) 698-1814
 Daytime Phone #

CR2E034 (9/01)