

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P95000032237**

1. Entity Name

Automotive Partners of Tallahassee, INC

FILED

02 APR 30 AM 11:28

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

[Handwritten Signature]

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7021 Spencer Dr

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

4. FEI Number

59-3317094

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Ronald Lipton

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

7021 Spencer Dr

City

Tallahassee

FL

Zip Code

32312

**DO NOT WRITE
IN THIS SPACE**

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

[Handwritten Signature: Ronald Lipton]

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

(NOTE: Registered Agent signature required when reinstating)

4-30-02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	SD	NAME	Gregory H Peart
STREET ADDRESS			248 Crepe Myrtle LN
CITY-ST-ZIP			Cairo GA 31728
TITLE	TD	NAME	Marshall Carroll
STREET ADDRESS			Rt 16 Box 9022
CITY-ST-ZIP			Tallahassee FL 32310
TITLE	P	NAME	Ronald Lipton
STREET ADDRESS			7021 Spencer Dr
CITY-ST-ZIP			Tallahassee FL 32312
TITLE		NAME	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		NAME	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		NAME	
STREET ADDRESS			
CITY-ST-ZIP			

TITLE		NAME	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		NAME	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		NAME	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		NAME	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		NAME	
STREET ADDRESS			
CITY-ST-ZIP			

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Handwritten Signature: Ronald Lipton]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-02

Date

545-9597

Daytime Phone #

CR2E034B (12/01)