

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2000 8:00 am
Secretary of State

02-10-2000 90155 016 ***150.00

DOCUMENT # P95000038436
 1. Entity Name
~~FOUR TOWNES AUTO PARTS, INC.~~
BIGGAR & BIGGAR ENTERPRISES, INC.

Principal Place of Business 2805 SOUTH VOLUSIA AVENUE ORANGE CITY FL 32763 US	Mailing Address 2805 SOUTH VOLUSIA AVENUE ORANGE CITY FL 32763 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2305 South Volusia Ave.	3. Mailing Address 2305 South Volusia Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State ORANGE CITY, FLORIDA	City & State ORANGE CITY, FLORIDA	4. FEI Number 59-3322330	Applied For <input type="checkbox"/>
Zip 32763	Country US	Zip 32763	Country US

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**BIGGAR, ANDREW J JR.
2305 SOUTH VOLUSIA AVENUE
ORANGE CITY FL 32763**

7. Name and Address of New Registered Agent

Name _____
 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 _____
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, 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	
TITLE PD	<input type="checkbox"/> Delete
NAME BIGGAR, ANDREW J.	
STREET ADDRESS 2305 SOUTH VOLUSIA AVENUE	
CITY-ST-ZIP ORANGE CITY FL 32763	
TITLE STD	<input type="checkbox"/> Delete
NAME BIGGAR, DONNA L	
STREET ADDRESS 2305 SOUTH VOLUSIA AVENUE	
CITY-ST-ZIP ORANGE CITY FL 32763	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: x Andrew J. Biggar **ANDREW J. BIGGAR** 2/4/00 (904) 775-9536
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #