

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90172 028 ***158.75

DOCUMENT # P95000047424

1. Entity Name
LADD'S AUTO SUPPLY, INC.



Principal Place of Business
**412 E. NOBLE AVENUE
WILLISTON FL 32696
US**

Mailing Address
**412 E. NOBLE AVENUE
WILLISTON FL 32696
US**

2. Principal Place of Business

412 E. NOBLE AVE

Suite, Apt. #, etc.

3. Mailing Address

412 E. NOBLE AVE

Suite, Apt. #, etc.

City & State

WILLISTON, FL

City & State

WILLISTON, FL

Zip

32696

Country

USA

Zip

32696

Country

USA

4. FEI Number

59-3320580

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DOSTIE-LADD, MARY M
412 E. NOBLE AVENUE
WILLISTON FL 32696**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Mary M. Dostie-Ladd
Signature, typed or printed name of registered agent and fee applicable.

(NOTE: Registered Agent signature required when reinstating)

MARY M. DOSTIE-LADD

12/31/02
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **VTSD** ☐ Delete
NAME **DOSTIE-LADD, MARY M**
STREET ADDRESS **412 E. NOBLE AVENUE**
CITY - ST - ZIP **WILLISTON FL**

TITLE **P** ☐ Delete
NAME **LADD, EARLE J**
STREET ADDRESS **412 E. NOBLE AVENUE**
CITY - ST - ZIP **WILLISTON FL**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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NAME
STREET ADDRESS
CITY - ST - ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with another line empowered.

SIGNATURE

Mary M. Dostie-Ladd
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/31/02 (352) 528-5711

CR2E034 (10/02)