

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000061737**

1. Entity Name

B & G AUTOMOTIVE, INC.**FILED****Apr 25, 2001 8:00 am**
Secretary of State

04-25-2001 90065 027 ***150.00

Principal Place of Business

**4927 CLIFF RD.
GRACEVILLE FL 32440**

Mailing Address

**4927 CLIFF RD.
GRACEVILLE FL 32440**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

64-0602386

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FRANKLIN, GEORGE L
4927 CLIFF RD.
GRACEVILLE FL 32440**

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, 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	PD	<input type="checkbox"/> Delete
NAME	FRANKLIN, GEORGE L	
STREET ADDRESS	4927 CLIFF RD.	
CITY-ST-ZIP	GRACEVILLE FL 32440	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRANKLIN, BILLY S	
STREET ADDRESS	4377 S ST HWY 109	
CITY-ST-ZIP	SLOCOMB AL 36375	
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		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

H. Hackment

825274

P 95000061737

Tangible Personal Property Tax Return
Confidential §§193.074 F.S.
As Required by §§193.052 & 193.062 F.S. Return to
County Property Appraiser By April 1 to Avoid Penalties
State of Florida, County of JACKSON

Business Name (DBA - Doing Business As) and
Mailing Address

B&G AUTOMOTIVE, INC.

4927 CLIFF ROAD
GRACEVILLE FL 32440

Federal Employer Iden. No

65-0602386

Social Security Number

SIC

If name and address is incorrect make necessary corrections

This return subject to audit with all records kept by you.

Incomplete entries are subject to penalties.

1. Please give name and telephone number of Owner or Person in charge of this Business.

Name GEORGE FRANKLIN Telephone 904-263-4639

Corporate Name B&G AUTOMOTIVE, INC.

2. Actual Physical Location of Property for Which this Return is Filed (Street Address - Not P.O. Box)
4927 CLIFF ROAD

3. Is your business or farm located within the incorporated limits of a City? Yes ☒ No ☐
What City? GRACEVILLE

4. Do You File a Tangible Personal Property Tax Return Under Any Other Name? Yes ☒ No ☐
Please Show name Exactly as it Appeared on Your most recent Personal Property Tax Bill or
Other Current Tax Return. B&G AUTOMOTIVE, INC.

5. Date you began business in this county: 08-09-95 Fiscal year: _____

5a. Although my fiscal year ended prior to December 31 of the past calendar year, this return
reflects property additions and deletions through December 31. Yes ☐ No ☐

6. Describe Type or Nature of Your Business: AUTO SALES & REPAIR

7. Trade Level (Check as many as apply) Retail ☐ Wholesale ☐ Manufacturing ☐
Professional ☐ Service ☐ Agriculture ☐ Leasing/Rental ☐ Other ☒

8. Did you file a Tangible Personal Property Return in this county last Year? Yes ☒ No ☐
If so, under what name and where? B&G AUTOMOTIVE, INC.

9. Former owner of the Business: _____

9a. If Business sold, to whom? _____
Date Sold _____

PERSONAL PROPERTY SUMMARY

THIS IS A SUMMARY SCHEDULE ONLY. The Schedules on the REVERSE SIDE
must be completed in detail and TOTALS entered below. ATTACH ITEMIZED LIST
or DEPRECIATION SCHEDULE showing Original Cost & Date of Acquisition.

**TAXPAYER'S ESTIMATE
OF FAIR MARKET
VALUE**

**ORIGINAL
INSTALLED
COST**

**APPRAISER'S
USE ONLY**

10. Office Furniture & Office Machines & Library

459.00

459.00

11. EDP Equipment, Computers, Word Processors

1,125.00

1,125.00

12. Store, Bar & Lounge, and Restaurant Furniture & Equipment, Etc.

13. Machinery and Manufacturing Equipment

10,254.00

16,354.00

14. Farm, Grove, and Dairy Equipment

15. Professional, Medical, Dental & Laboratory Equipment

16. Hotel, Motel, & Apartment Complex

16a. Rental Units - Stove, Refrig., Furniture, Drapes & Appliances

17. Mobile Home Attachments (Carport, Utility Bldg., Cabana, Porch, Etc.)

18. Service Station & Bulk Plant Equipment - Underground Tanks, Lifts, Tools

19. Signs - Billboard, Pole, Wall, Portable, Directional, Etc.

314.00

314.00

20. Leasehold improvements must be grouped by type, year of installation and description

21. Pollution Control Equipment

22. Equipment owned by you but rented, leased or held by others

23. Supplies - Not Held for Resale

24. Other - Please Specify

12,152.00

18,252.00

TOTAL PERSONAL PROPERTY

Under penalties of perjury, I declare that I have read the foregoing tax return and the
accompanying schedules and statements and that the facts stated in them are true. If
prepared by someone other than the taxpayer, the preparer signing this return certifies
that this declaration is based on all information of which he/she has any knowledge.

DATE 2-01-01 TITLE PIRES

SIGNED George L. Franklin
(TAXPAYER)

SIGNED _____
(PREPARER)

ADDRESS _____

PHONE NO. _____ PREPARER'S I.D. # _____

LESS EXEMPTION: ☐ WIDOW ☐ WIDOWER ☐ BLIND
☐ TOTAL DISABILITY ☐ OTHER

TAXABLE VALUE

DEPUTY

PENALTY

PLEASE SIGN AND DATE YOUR RETURN, SEND THE ORIGINAL
TO THE COUNTY APPRAISER'S OFFICE BY APRIL 1, UNSIGNED
RETURNS CANNOT BE ACCEPTED BY THE APPRAISER'S OFFICE.

NOTICE: IF YOU ARE ENTITLED TO A WIDOW'S, WIDOWER'S OR
DISABILITY EXEMPTION ON PERSONAL PROPERTY (NOT
ALREADY CLAIMED ON REAL ESTATE) CONSULT APPRAISER.

SCHEDULES ON REVERSE SIDE MUST BE COMPLETED IN FULL.

DR-405
R. 12/97

ASSETS PHYSICALLY REMOVED DURING LAST YEAR Property fully depreciated but continuing in service must be reported on the schedules below.					RETIRED, SOLD, TRADED, ETC.
DESCRIPTION	AGE	YEAR ACQ.	TAXPAYER'S EST OF FAIR MKT VALUE	ORIGINAL INSTALLED COST	
Attache					

NAME AND ADDRESS OF OWNER OR LESSOR	DESCRIPTION	YEAR ACQUIRED	OF MFG.	PER MONTH	RETAIL INSTALLED COST NEW	OPTION	
						YES	NO
825274							
#195000061737							

							APPRAISER'S USE ONLY	
DESCRIPTION OF ITEM	AGE	YEAR PURCHASED	ESTIMATE OF FAIR MARKET VALUE	Condition Good Avg Poor			ORIGINAL INSTALLED COST	Condition
OFFICE CHAIRS & TABLE	1	2000	190.00	X			190.00	
COMPUTER DESK	1	2000	269.00	X			269.00	
Enter TOTALS on Front - Continue on Separate Sheet if Necessary			459.00	X			459.00	X

DESCRIPTION OF ITEM	AGE							
COMPUTER	1	2000	1,125.00	X			1,125.00	
Enter TOTALS on Front - Continue on Separate Sheet if Necessary			1,125.00	X			1,125.00	X

DESCRIPTION OF ITEM	AGE							
FORKLIFT	5	1996	4,500.00	X			6,500.00	
AUTOLIFT	5	1996	700.00	X			2,000.00	
WEILDER	5	1996	200.00	X			1,000.00	
FRAME MACHINE	4	1997	4,000.00	X			6,000.00	
CARLIFT	2	1999	750.00	X			750.00	
SHOP VAC	1	2000	104.00	X			104.00	
Enter TOTALS on Front - Continue on Separate Sheet if Necessary			10,254.00	X			16,354.00	X

[illegible]

ASSETS PHYSICALLY REMOVED DURING LAST YEAR					RETIRED, SOLD, TRADED, ETC.
Property fully depreciated but continuing in service must be reported on the schedules below.					
DESCRIPTION	AGE	YEAR ACQ.	TAXPAYER'S EST OF FAIR MKT VALUE	ORIGINAL INSTALLED COST	
<i>Attach</i>					

NAME AND ADDRESS OF OWNER OR LESSOR	DESCRIPTION	YEAR ACQUIRED	OF MFG.	PER MONTH	RETAIL INSTALLED COST NEW	OPTION YES	NO
825274							
# PC 1500006 AB7							

DESCRIPTION OF ITEM	AGE	YEAR PURCHASED	ESTIMATE OF FAIR MARKET VALUE	Condition			ORIGINAL INSTALLED COST	Condition
				Good	Avg	Poor		
SIGN/DISPLAY	1	2000	100.00	X			100.00	
SIGN	1	2000	214.00	X			214.00	
Enter TOTALS on Front - Continue on Separate Sheet if Necessary			314.00	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>			314.00	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>

Enter TOTALS on Front - Continue on Separate Sheet if Necessary							

[illegible][illegible]