

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000075399

1. Entity Name

SHEFFIELD'S BODY SHOP OF QUINCY, INC.

FILED

May 02, 2000 8:00 am
Secretary of State

05-02-2000 90145 016 ***150.00

Principal Place of Business

Mailing Address

1715 MAINLINE DRIVE
QUINCY FL 32351

1715 MAINLINE DRIVE
QUINCY FL 32351-2815

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3339074

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

SHEFFIELD, CARLTON H JR.
2020 CONTINENTAL AVENUE
APARTMENT 116
TALLAHASSEE FL 32304

Name
Sheffield, Carlton H Jr.

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

City

Quincy

FL

Zip Code
32351

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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | | |
|-------------------------|---|---|---|
| <p>NAME ST- ZIP</p> | <p>D <input type="checkbox"/> Delete SHEFFIELD, CARLTON H JR. 2020 CONTINENTAL AVE., APARTMENT 116 TALLAHASSEE FL 32304</p> | <p>TITLE NAME STREET ADDRESS CITY-ST- ZIP</p> | <p>D <input type="checkbox"/> Change <input type="checkbox"/> Addition SHEFFIELD, CARLTON H Jr. 154 Planter Circle Quincy, FL 32351</p> |
| <p>NAME ST- ZIP</p> | <p>D <input type="checkbox"/> Delete SHEFFIELD, DIANE G 2020 CONTINENTAL AVE., APARTMENT 116 TALLAHASSEE FL 32304</p> | <p>TITLE NAME STREET ADDRESS CITY-ST- ZIP</p> | <p>D <input type="checkbox"/> Change <input type="checkbox"/> Addition SHEFFIELD, DIANE G. 154 Planter Circle Quincy, FL 32351</p> |
| <p>NAME ST- ZIP</p> | <p><input type="checkbox"/> Delete</p> | <p>TITLE NAME STREET ADDRESS CITY-ST- ZIP</p> | <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> |
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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 #

4-24-2000 850-875-2388

CR2E034 (9/99)