

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000000239

1. Entity Name

BOB'S AUTO REPAIR OF PENSACOLA, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90022 034 ***150.00

Principal Place of Business

Mailing Address

8328 LILLIAN HIGHWAY
PENSACOLA FL 32506

8328 LILLIAN HIGHWAY
PENSACOLA FL 32506-3752

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3416796

Applied For

Not Applicable

Zip

Country

Zip

Country

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

THOMPSON, JAMES C
5720 TURKEY ROAD
PENSACOLA FL 32526

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME THOMPSON, JAMES C.
STREET ADDRESS 5720 TURKEY RD.
CITY-ST-ZIP PENSACOLA FL

TITLE P ☒ Change ☐ Addition
NAME Thompson, James C.
STREET ADDRESS 5720 Turkey Rd.
CITY-ST-ZIP Pensacola, FL 32526

TITLE V ☐ Delete
NAME THOMPSON, BOBBY W.
STREET ADDRESS 6201 FAIRVIEW DRIVE
CITY-ST-ZIP PENSACOLA FL

TITLE V ☒ Change ☐ Addition
NAME Thompson, Bobby W.
STREET ADDRESS 5722 Turkey Rd.
CITY-ST-ZIP Pensacola, FL 32526

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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:

James C. Thompson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/00
Date

850-458-0604
Daytime Phone #