

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000002776

1. Entity Name

CHUCK'S USED AUTO PARTS, INC.



Principal Place of Business

3650 WOODVILLE HWY
TALLAHASSEE FL 32311-7204

Mailing Address

3650 WOODVILLE HWY
TALLAHASSEE FL 32311-7204

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

59-3422651

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

HOLLIFIELD, BETTY J
826 ESSEX DR
TALLAHASSEE FL 32304

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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	PST	<input type="checkbox"/> Delete
NAME	HOLLIFIELD, BETTY J	
STREET ADDRESS	826 ESSEX DR	
CITY - ST - ZIP	TALLAHASSEE FL 32304	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HOLLIFIELD, DOUGLAS W	
STREET ADDRESS	3124 HUTTERSFIELD CIRCLE	
CITY - ST - ZIP	TALLAHASSEE FL 32303	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FLEMING, THOMAS	
STREET ADDRESS	1122 CARRIAGE RD.	
CITY - ST - ZIP	TALLAHASSEE FL 32312	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FINCH, CHARLES	
STREET ADDRESS	10082 SPRINGSINK RD.	
CITY - ST - ZIP	TALLAHASSEE FL 32311	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. 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
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STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

U000000039031

02/05/04-80161-017 150.00

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 all other like empowered.

SIGNATURE: Betty J. Hollifield, Pres. Betty J. Hollifield 2/3/04 850-877-2027