

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90181 031 ***150.00

DOCUMENT # P97000034573

1. Entity Name

FAMILY MART HOME AND AUTO CENTER, INC.

Principal Place of Business

**988 WHITE AVE
GRACEVILLE FL 32440**

Mailing Address

**P.O. BOX 307
GRACEVILLE FL 32440**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3429726**

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

**SKIPPER, ROBERT A
988 WHITE AVE
PO BOX 307
GRACEVILLE FL 32440**

Name

Robert L. Skipper

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

988 White Ave

P.O. Box 307

City

Graceville

FL

Zip Code

32440-0307

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

Robert L. Skipper *Robert L. Skipper President*

1-6-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SKIPPER, ROBERT A	
STREET ADDRESS	988 WHITE AVE	
CITY-ST-ZIP	GRACEVILLE FL 32440	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SKIPPER, ROBERT L	
STREET ADDRESS	988 WHITE AVE	
CITY-ST-ZIP	GRACEVILLE FL 32440	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SKIPPER, MARY A	
STREET ADDRESS	988 WHITE AVE	
CITY-ST-ZIP	GRACEVILLE FL 32440	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SKIPPER, NANCY	
STREET ADDRESS	988 WHITE AVE	
CITY-ST-ZIP	GRACEVILLE FL 32440	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President / Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert L Skipper	
STREET ADDRESS	988 White Ave - PO Box 307	
CITY-ST-ZIP	Graceville, FL 32440-0307	
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
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

3-6-01

Date

850-263-4072

Daytime Phone #

CR2E034 (10/00)