

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90065 047 ***150.00

DOCUMENT # P97000056235

1. Entity Name

MACCLENNY AUTO BODY, INC.

Principal Place of Business

**180 S LONDER ST
 MACCLENNY FL 32063**

Mailing Address

**MACHENNY AUTO BODY
 180 SOUTH LOWDER ST
 MACCLENNY FL 32063**

2. Principal Place of Business

180 S. Lowder St.

3. Mailing Address

180 S. Lowder St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Macclenny Fl

City & State

Macclenny Fl

Zip

32063

Country

Burke

Zip

32063

Country

Burke

4. FEI Number

59-3452737

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**JOHNS, WADE A
 ROUTE 1 BOX 807
 180 SOUTH LOWDER STREET
 MACCLENNY FL 32063**

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	VP	<input type="checkbox"/> Delete
NAME	WADES, JOHNS A	
STREET ADDRESS	RT 1 BOX 807	
CITY-ST-ZIP	MACCLENNY FL 32063	
TITLE	P	<input type="checkbox"/> Delete
NAME	JOHNS, JAMES E	
STREET ADDRESS	RT 2 BOX 2730	
CITY-ST-ZIP	GLENN ST MARY FL 32040	
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		
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	Same	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNS, James E.	
STREET ADDRESS	84-716 D Farrington Hwy	
CITY-ST-ZIP	Waianae Ha. 96792	
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		
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:

Wade A. Johns **Wade A. Johns**

1-22-01

904-259-3001

Date

Daytime Phone #

CR2E034 (10/00)