

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2002 8:00 am**  
**Secretary of State**

03-05-2002 90046 014 \*\*\*150.00

**DOCUMENT # P97000056235**

**1. Entity Name**  
**MACCLENNY AUTO BODY, INC.**

**Principal Place of Business**

**180 S LOWDER ST**  
**MACCLENNY FL 32063**

**Mailing Address**

**180 S LOWDER ST**  
**180 SOUTH LOWDER ST**  
**MACCLENNY FL 32063**

**2. Principal Place of Business**

*Same*

**3. Mailing Address**

*Same*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**

**59-3452737**

☒ **Applied For**

☐ **Not Applicable**

Zip

*32063*

Country

*Bahamas*

Zip

*32063*

Country

*Bahamas*

**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

*Wade A. Johns*

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

*6011 Larimer Rd.*

*Macclenny Fl. 32063*

City

*FL*

Zip Code

*32063*

**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, 2002 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	84-716 FARRINGTON HWY	
CITY-ST-ZIP	WAIANAE HI 96792	
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	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wade A. Johns	
STREET ADDRESS	6011 Larimer Rd.	
CITY-ST-ZIP	Macclenny Fl. 32063	
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		
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 VP* *2-21-02* *904-259-3001*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)