## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P97000076670**

6. Name and Address of Current Registered Agent

JENNY'S AUTO PARTS II, INC.

Principal Place of Business

Mailing Address

135 LITOPIA CIRCLE

2. Principal Place of Business

Suite Apt. #. etc.

City & State

Zip

135 UTOPIA CIRCLE

3. Mailing Address

City & State

Suite, Apt. #, etc.

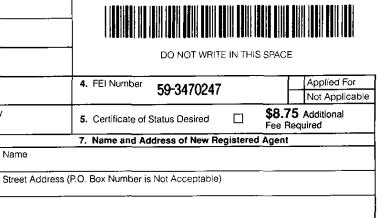
**ISLAND FL 32952** 

GILLETT, LUCINDA

135 UTOPIA CIRCLE **MERRITT ISLAND FL 32952**  MERRITT ISLAND FL 32952-7102

## FILED Mar 01, 2000 8:00 am Secretary of State

03-01-2000 90059 039 \*\*\*150.00



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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing

Country

Name

Tax filing requirement and elects to do so. (See criteria on back)

After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State

Trust Fund Contribution.

\$5.00 May Be Added to Fees

Zip Code

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition TITLE ☐ Delete TITLE GILLETT, RANDALL NAME NAME 135 UTOPIA CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MERRITT ISLAND FL 32952** VSTD ☐ Change Addition TITLE ☐ Delete GILLETT, LUCINDA NAME STREET ADDRESS 135 UTOPIA CIRCLE STREET ADDRESS CITY-ST-7tP CITY-ST-ZIP **MERRITT ISLAND FL 32952** ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF

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

Daytme Phone #