

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000108085

1. Entity Name

HB AUTO REPAIR, INC.

Principal Place of Business

Mailing Address

2727 ST JOHNS BLUFF RD.
JACKSONVILLE FL 32246

P.O. BOX 16952
JACKSONVILLE FL 32245-6952

2. Principal Place of Business

306 Mill Creek Rd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Zip

Country

32211

Country

Zip

Country

4. FEI Number

59-3484353

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BENNETT, KING HENRY SR
2727 ST JOHNS BLUFF RD.
JACKSONVILLE FL 32246

7. Name and Address of New Registered Agent

Name

Teresa Hall

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

3135 Kline Road

City

Jacksonville

FL

Zip Code

32246

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 **D** ☒ Delete
NAME **BENNETT, KING HENRY SR**
STREET ADDRESS **2727 ST JOHNS BLUFF RD.**
CITY-ST-ZIP **JACKSONVILLE FL 32246**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
NAME **Teresa Hall**
STREET ADDRESS **3135 Kline Road**
CITY-ST-ZIP **Jacksonville, FL 32246**

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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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:

Teresa Hall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-01

Date

904-860-0469

Daytime Phone #

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90122 026 ***150.00



DO NOT WRITE IN THIS SPACE