

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000013070

1. Entity Name

STAN'S DRIVELINE & MOBILE POWER, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90293 008 ***150.00

Principal Place of Business

1259 FRUIT COVE ROAD SOUTH
 JACKSONVILLE FL 32259

Mailing Address

3617 CROWN PT RD
 #4
 JACKSONVILLE FL 32257-9010
 US

2. Principal Place of Business

3. Mailing Address

P.O. Box 24668

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville FL

4. FEI Number

59-3494392

Applied For

Not Applicable

Zip

Country

Zip

Country

32241

USA

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

HERNANDEZ, MEREDITH ALLEN
 3617 CROWN PT RD
 #4
 JACKSONVILLE FL 32257

Name

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

3617 Crown Point Rd.

SUITE #1

City

Jacksonville

FL

Zip Code

32257

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

M.A. Hernandez M.A. Hernandez

3/31/00

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, 2000 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 PD ☐ Delete
 NAME HAP, STANLEY J
 STREET ADDRESS 1259 FRUIT COVE ROAD SOUTH
 CITY-ST-ZIP JACKSONVILLE FL 32259

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

TITLE VD ☐ Delete
 NAME HAP, VICKI A
 STREET ADDRESS 1259 FRUIT COVE ROAD SOUTH
 CITY-ST-ZIP JACKSONVILLE FL 32259

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

TITLE T ☐ Delete
 NAME VALLENARI, BERNICE
 STREET ADDRESS 1259 FRUIT COVE ROAD SOUTH
 CITY-ST-ZIP JACKSONVILLE FL 32259

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME M.A. Hernandez
 STREET ADDRESS P.O. Box 24668
 CITY-ST-ZIP Jacksonville, FL 32241

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 a other like empowered.

SIGNATURE:

M.A. Hernandez
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/00

c/o

204-288-8999

CR2E034 (9/99)