

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2001 8:00 am**  
**Secretary of State**

04-16-2001 90481 044 \*\*\*150.00

**AVU49357**

**AD-0014**

DO NOT WRITE IN THIS SPACE

**DOCUMENT # P98000035473**

1. Entity Name

**JOE'S AUTO APPEARANCE INC.**

Principal Place of Business  
**1220 Thompson Place**  
**Daytona Beach, FL 32118**

Mailing Address  
**1220 Thompson Place**  
**Daytona Beach, FL 32118**

2. Principal Place of Business  
**5 Woodcenter Lane**

3. Mailing Address  
**5 Woodcenter Lane**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Palm Coast, FL**

City & State  
**Palm Coast, FL**

4. FEI Number

Applied For

Not Applicable

Zip Country  
**32164 USA**

Zip Country  
**32164 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

**Grooms, Joseph**  
**1220 Thompson Place**  
**Daytona Beach, FL 32118**

Name  
**Grooms, Joseph**

Street Address (P.O. Box Number is Not Acceptable)  
**5 Woodcenter Lane**

City State Zip Code  
**Palm Coast FL 32164**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Delete  
NAME **Grooms, Joseph**  
STREET ADDRESS **1220 Thompson Place**  
CITY-ST-ZIP **Daytona Beach, FL 32118**

TITLE P ☒ Change ☐ Addition  
NAME **Grooms, Joseph**  
STREET ADDRESS **5 Woodcenter Lane**  
CITY-ST-ZIP **Palm Coast, FL 32164**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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 all other like empowered.

SIGNATURE:

**Joe Grooms**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**904-601**

Date

**904-796-421**

Daytona Phone #