

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000068707

1. Entity Name

JOE BURNS AUTO CENTER, INC.

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90045 024 ***150.00

Principal Place of Business

1094 S. KINGS RD
CALLAHAN FL 32011

Mailing Address

P O BOX 1369
CALLAHAN FL 32854-0418

2. Principal Place of Business

780 CHEMAY ST
#3

3. Mailing Address

P.O. BOX 540418
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

WINTER PARK

City & State

ORLANDO FL

4. FEI Number

59-3528339

Applied For

Not Applicable

Zip

32789

Country

OMANUGK

Zip

32854-0418

Country

OMANUGK

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, JOHN A
14 EAST WASHINGTON STREET
SUITE 500
ORLANDO FL 32801

Name

JOE BURNS

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

780 CHEMAY ST #3

City

WINTER PARK

FL

Zip Code

32789

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

Joe Burns
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/00

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

TITLE ☐ Delete
NAME P
STREET ADDRESS BURNS, JOE
CITY-ST-ZIP 209 S. 2ND ST
FOLKSTON GA 31537

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME P
STREET ADDRESS JOE BURNS
CITY-ST-ZIP 780 CHEMAY ST. #3
WINTER PARK FL 32789

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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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 Burns Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

4/28/00 407-808-8641

CR2E034 (9/99)