

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000086958**

1. Entity Name
JOHN'S WHOLESALE CARS, INC.

Principal Place of Business
**2585 MAYPORT ROAD
JACKSONVILLE FL 32233**

Mailing Address
**2585 MAYPORT ROAD
JACKSONVILLE FL 32233**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 18 PM 12:34



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3538757**

Applied For
Not Applicable

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

**NOE, WILLIAM G JR
599 ATLANTIC BLVD
SUITE 6
ATLANTIC BEACH FL 32233**

Name

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

City

FL

Zip Code

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 _____ (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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **PSTD** ☐ Delete
NAME **STEBBINS, JOHN**
STREET ADDRESS **2585 MAYPORT ROAD**
CITY-ST-ZIP **JACKSONVILLE FL 32233**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **300004649843--9
-10/23/01--01044--007
***150.00 ***150.00**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)

Dear sir, Madam. please excuse the tardiness of this form. I filed this form in may .It must have gotten lost in the mail I have been away for eight weeks. Upon return I found this notice in the pile of mail on 10 /9/01 please waive penalties. THANK YOU FOR YOUR COOPRATION WITH THIS
MATTER SINCERELY JOHN STEBBINS