

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000050673

1. Entity Name
JOE SELF AUTOMOTIVE, INC.

R

07-12-2000 90004 009 ***150.00

F 99000050673
SECRETARY OF STATE
DIVISION OF CORPORATION

00 AUG 17 PM 1:38

Principal Place of Business Mailing Address
258 SOUTH HALL LANE, SUITE 300
MAITLAND FL 32751 258 SOUTH HALL LANE, SUITE 300
MAITLAND FL 32751-7457



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
5011 W. Tennessee Street **5011 W. Tennessee Street**
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Tallahassee, FL **Tallahassee, FL**
Zip Country Zip Country
32316 **USA** **32316** **USA**

4. FEI Number Applied For
59-3585379 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
HINCKLEY, JAMES C
258 SOUTH HALL LANE, SUITE 300
MAITLAND FL 32751

7. Name and Address of New Registered Agent
Name **William Ayesh**
Street Address (P.O. Box Number is Not Acceptable)
5011 W. Tennessee Street
City **Tallahassee** **FL** Zip Code **32316**

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 *William A Ayesh* DATE **06/23/00**
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	S/D William Ayesh
STREET ADDRESS	5011 W. Tennessee Street
CITY - ST - ZIP	Tallahassee, FL 32316
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P/T/D Joe W. Self, Jr.
STREET ADDRESS	8801 E. Kellogg
CITY - ST - ZIP	Wichita, KS 67278
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *William Ayesh* **RECORDED** DATE **06/23/00** DAYTIME PHONE # **850-576-6171**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)