

2000 UNIFORM BUSINESS REPORT (UBR)

2/22

FILED
Apr 27, 2000 8:00 am
Secretary of State

02-22-2000 90001 032 ***150.00

DOCUMENT # **P99000051249**

i. Entity Name

AUTOMOTIVE PAINTERS WAREHOUSE, INC.

Principal Place of Business

**MASSACHUSETTS AVE
FL 32505**

Mailing Address

**200 MASSACHUSETTS AVE
PENSACOLA FL 32505-4226**

Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3582677

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SCHEPPER, RANDY
5148 OAKLEAF DR
PACE FL 32571**

7. Name and Address of New Registered Agent

Name

ARCHIE LEE COLLUM JR

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

5801 FOXWOOD RD

City

MILTON

FL

Zip Code

32570

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

(NOTE: Registered Agent signature required when reinstating)

1-10-00

DATE

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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

PRESIDENT ☐ Delete
ARCHIE LEE COLLUM JR
5801 FOXWOOD RD
MILTON FL 32570

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

V.P. ☐ Delete
SHARON S. COLLUM
5801 FOXWOOD RD
MILTON, FL 32570

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

SEC ☐ Delete
~~**SHARON S. COLLUM JR**~~
CINDY LATZER

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

TREASURER ☐ Delete
SHARON S. COLLUM

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

☐ Delete

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

☐ Delete

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

☐ Delete

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

☐ Delete

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

☐ Delete

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

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: **ARCHIE LEE COLLUM JR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-00

Date

850-437-0078

Daytime Phone #

CR2E034 (9/99)