

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 13, 2000 08:00 AM
Secretary of State

DOCUMENT # P99000059082

1. Entity Name

CHRISTIAN BROTHERS AUTO PARTS INC.

Principal Place of Business

C/O HARRIS LAW OFFICES
1680 SMITH STREET, STE. 5
ORANGE PARK
32073

FL

Mailing Address

C/O HARRIS LAW OFFICES
1680 SMITH STREET, STE. 5
ORANGE PARK
32073

FL

2. Principal Place of Business

26 N. ORANGE AVENUE

3. Mailing Address

26 N. ORANGE AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

GREEN COVE SPRINGS

FL

City & State

GREEN COVE SPRINGS

FL

4. FEI Number

59-3584945

Applied For

Not Applicable

Zip
32043

Country

Zip
32043

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARRIS STEWART LESQ
1680 SMITH ST., STE. 5

ORANGE PARK
32073

FL

US

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

09/13/2000

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, 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 D ☐ Delete
NAME NORMAN SAMUEL M
STREET ADDRESS 6047 JOY DRIVE WEST
CITY-ST-ZIP JACKSONVILLE FL 32244

TITLE D ☐ Delete
NAME SToudenMIRE JACK H
STREET ADDRESS 2400 MOODY ROAD
CITY-ST-ZIP ORANGE PARK FL 320736006

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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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: Jack H. Stoudenmire

Prep: 09/13/2000