

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000076235****1. Entity Name**
BJ AUTOMOTIVE II, INC.**Principal Place of Business****C/O BJ AUTOMOTIVE II, INC.**
6033 S. ORANGE BLOSSOM TRAIL
ORLANDO FL 32809**Mailing Address****C/O BJ AUTOMOTIVE II, INC.**
6033 S. ORANGE BLOSSOM TRAIL
ORLANDO FL 32809**2. Principal Place of Business****6700 E COLONIAL DR**
Suite, Apt. #, etc.**3. Mailing Address****6700 E COLONIAL**
Suite, Apt. #, etc.**City & State****ORLANDO FL**
Zip **32807** Country **ORANGE****City & State****ORLANDO FL**
Zip **32807** Country **ORANGE****4. FEI Number** **59-3594123**Applied For
Not Applicable**5. Certificate of Status Desired** ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****COWART, BOBBY O JR.**
11024 EINBENDER RD.
ORLANDO FL 32825**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)

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****TITLE** **D** ☐ Delete
NAME **COWART, BOBBY JR.**
STREET ADDRESS **11024 EINBENDER RD.**
CITY-ST-ZIP **ORLANDO FL 32825****TITLE** **D** ☐ Delete
NAME **SHIFLETTE, JACK J JR.**
STREET ADDRESS **664 MURPHY RD.**
CITY-ST-ZIP **WINTER SPRINGS FL 32809****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**
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition**NAME**
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CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition**NAME**
STREET ADDRESS
CITY-ST-ZIP**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 an other like empowered.****SIGNATURE:****SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**FILED**
Sep 05, 2001 8:00 am
Secretary of State

09-05-2001 90004 034 ***550.00



DO NOT WRITE IN THIS SPACE

0012887 AV

CR2034 (5/01)

8-27-01 407-448-5164
Date Daytime Phone #