

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V07819

1. Entity Name

SUTTON AUTO SALES, INC.

**FILED**  
**Apr 07, 2000 8:00 am**  
**Secretary of State**

04-07-2000 90015 005 \*\*\*150.00

Principal Place of Business

Mailing Address

8190 103RD ST.  
JACKSONVILLE FL 32210  
US

8190 103RD ST.  
JACKSONVILLE FL 32211-8738  
US

2. Principal Place of Business

8422 Atlantic Blvd

3. Mailing Address

8422 Atlantic Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Jacksonville FL

4. FEI Number

59-3102234

Applied For

Not Applicable

Zip

32211

Country

USA

Zip

32211

Country

USA

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

SUTTON, JAMES R

8190 - 103RD STREET

JACKSONVILLE FL 32210

Name

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

8422 Atlantic Blvd

City

Jacksonville

FL

Zip Code

32211

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME SUTTON, JAMES R.  
STREET ADDRESS 8190 103RD ST.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 3422 Atlantic Blvd  
CITY-ST-ZIP Jacksonville FL 32211

TITLE **V** ☐ Delete  
NAME SUTTON, CATHERINE A.  
STREET ADDRESS 8190 103RD ST.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 3422 Atlantic Blvd  
CITY-ST-ZIP Jacksonville FL 32211

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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 all other like empowered.

SIGNATURE: CATHERINE A. SUTTON Catherine A. Sutton 4-5-00 9047245744  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)