

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 91020 048 ***150.00

DOCUMENT # F01000003513



1. Entity Name
SMITTY'S AUTO PARTS, INC.

Principal Place of Business
**63399 HWY 51
ROSELAND LA 70456**

Mailing Address
**P.O. BOX 530
ROSELAND LA 70456**

1004689Z



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **TZ-1000182**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CP	<input type="checkbox"/> Delete
NAME	SMITH, EDGAR R III	
STREET ADDRESS	60135 ISRAEL CUTRER RD	
CITY-ST-ZIP	AMITE LA 70422	
TITLE	VCVP	<input type="checkbox"/> Delete
NAME	SMITH, MITCHELL S	
STREET ADDRESS	307 CLEMONS COURT	
CITY-ST-ZIP	AMITE LA 70422	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SMITH, GEORGE	
STREET ADDRESS	16246 JEFF BANKSTON ROAD	
CITY-ST-ZIP	AMITE LA 70422	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SMITH, DAVID A	
STREET ADDRESS	307 CLEMONS COURT	
CITY-ST-ZIP	AMITE LA 70422	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VCVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Smith, Mitchell S.	
STREET ADDRESS	2007 North Duncan Ave	
CITY-ST-ZIP	Amite, LA 70422	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Smith, David A	
STREET ADDRESS	2007 N. Duncan Ave	
CITY-ST-ZIP	Amite, LA 70422	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like employed.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-03 985-748-9689
Date Daytime Phone #

CR2E034 (10/02)