2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 10, 2000 08:00 AM DOCUMENT # F14672 1. Entity Name **Secretary of State** PERSONS AUTO PARTS, INC. Principal Place of Business Mailing Address C/O JAMES W. DIETRICH C/O JAMES W. DIETRICH 1320 KENTUCKY AVE 1320 KENTUCKY AVE ST CLOUD FL ST CLOUD FL 34769 34769 2. Principal Place of Business 3. Mailing Address C/O JAMES W. DIETRICH C/O JAMES W. DIETRICH Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 1320 KENTUCKY AVE 1320 KENTUCKY AVE City & State City & State 4. FEI Number Applied For ST CLOUD FL ST CLOUD FL 59-2049137 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 34769 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DIETRICH, JAMES W. DIETRICH JAMES 4725 RUMMELL RD. Street Address (P.O. Box Number is Not Acceptable) 4725 RUMMELL RD. ST CLOUD FL34771 City Zip Code ST CLOUD 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. 01/10/2000 JAMES W. DIETRICH (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TILE ☐ Detete X Change ☐ Addition DIETRICH, LINDA G. NAME DIETRICH, LINDA G. STREET ADDRESS 4725 RUMMELL RD. STREET ADDRESS 4725 RUMMELL RD. CITY-ST-ZIP ST. CLOUD \mathbf{FL} CITY-ST-ZIP ST. CLOUD 34771 TITLE ☐ Delete TITLE X Change ☐ Addition NAME DIETRICH, JAMES W NAME DIETRICH, JAMES W. STREET ADDRESS 4725 RUMMELL RD. STREET ACCRESS 4725 RUMMELL RD. CITY-ST-ZIP ST CLOID, FL CITY-ST-7IP ST CLOUD. FT. 34771 ☐ Delete TITLE TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/8 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.