

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000092687

1. Entity Name

APPROVED TURBO COMPONENTS-FLORIDA, INC.

Principal Place of Business

Mailing Address

840 35TH COURT S.W.
VERO BEACH FL 32968

840 35TH COURT S.W.
VERO BEACH FL 32968-5062

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3545393

Applied For
Not Applicable

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

BARKETT, LAWRENCE A
2175 20TH STREET
VERO BEACH FL 32960

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 \$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 D ☐ Delete
NAME ROGERS, MICHAEL W
STREET ADDRESS 1545 E. ACEQUIA AVENUE
CITY-ST-ZIP VISALIA CA 93292

TITLE President ☒ Change ☐ Addition
NAME
STREET ADDRESS 340 10th Street SW
CITY-ST-ZIP Vero Beach, FL 32962

TITLE D ☐ Delete
NAME ROGERS, ALLISON
STREET ADDRESS 1545 E. ACEQUIA AVENUE
CITY-ST-ZIP VISALIA CA 93292

TITLE R Vice President ☒ Change ☐ Addition
NAME Rogers, Alison
STREET ADDRESS 340 10th Street S.W.
CITY-ST-ZIP Vero Beach, FL 32962

TITLE D ☐ Delete
NAME WHITTALL, MARY
STREET ADDRESS 3202 E. RACE AVENUE
CITY-ST-ZIP VISALIA CA 93292

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
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TITLE ☐ Change ☐ Addition
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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:

Alison Rogers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/00
Date

561-569-297
Daytime Phone #