

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000092687

1. Entity Name

APPROVED TURBO COMPONENTS-FLORIDA, INC.

**FILED**  
**Jan 22, 2001 8:00 am**  
**Secretary of State**

01-22-2001 90137 010 \*\*\*150.00

Principal Place of Business

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

Mailing Address

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

00006141



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

540-C 2nd Street S.W.

Suite, Apt. #, etc.

3. Mailing Address

540-C 2nd Street S.W.

Suite, Apt. #, etc.

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

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

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 \$150.00**  
**After MAY 1, 2001 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

TITLE **P** ☐ Delete  
NAME **ROGERS, MICHAEL W**  
STREET ADDRESS **340 10TH STREET SW**  
CITY-ST-ZIP **VERO BEACH FL 32962**

TITLE **VP** ☐ Delete  
NAME **ROGERS, ALLISON**  
STREET ADDRESS **340 10TH STREET**  
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 ☐ 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 **Allison**  
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  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)