

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000022995

**FILED**  
**Mar 22, 2012**  
**Secretary of State**

**Entity Name:** NATIONWIDE PARTS DISTRIBUTORS, INC

**Current Principal Place of Business:**

11554 DAVIS CREEK CT  
JACKSONVILLE, FL 32256 US

**New Principal Place of Business:**

**Current Mailing Address:**

11554 DAVIS CREEK CT  
JACKSONVILLE, FL 32256 US

**New Mailing Address:**

**FEI Number:** 26-4696560

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MARGOL, DANE  
8097 SHADY GROVE RD.  
JACKSONVILLE, FL 32256 US

**Name and Address of New Registered Agent:**

MARGOL, LONNIE  
11554 DAVIS CREEK CT  
JACKSONVILLE, FL 32256 US

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:** LONNIE MARGOL

03/22/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P, D  
**Name:** MARGOL, DANE T  
**Address:** 8097 SHADY GROVE RD  
**City-St-Zip:** JACKSONVILLE, FL 32256 US

**Title:** S, D  
**Name:** MARGOL, LONNIE  
**Address:** 8097 SHADY GROVE RD  
**City-St-Zip:** JACKSONVILLE, FL 32256 US

**Title:** T  
**Name:** MARGOL, LONNIE  
**Address:** 8097 SHADY GROVE RD  
**City-St-Zip:** JACKSONVILLE, FL 32256 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** LONNIE MARGOL

RA

03/22/2012

Electronic Signature of Signing Officer or Director

Date