

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 01, 2001 8:00 am  
Secretary of State

05-01-2001 90002 050 \*\*\*150.00

DOCUMENT # 121108

1. Entity Name

MOTOR SUPPLY INC

Principal Place of Business

6952 S W 40 CT  
MIRAMAR FL 33023

Mailing Address

671 NW SAN RENO CIRCLE  
PORT ST LUCIE FL 34986  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-0271970

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MILLER, LORRAINE  
671 NW SAN REMO CIRCLE  
PORT ST. LUCIE FL 34986

7. Name and Address of New Registered Agent

Name **STEPHEN MILLER**  
Street Address (P.O. Box Number is Not Acceptable)

**671 N.W. SAN REMO CIRCLE**

City **PT. ST. LUCIE**

FL

Zip Code **34986**

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

*Stephen Miller / PRESIDENT*

**4/11/01**

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 **PD** ☒ Delete  
NAME **MILLER, LORRAINE**  
STREET ADDRESS **671 NW SAN REMO CIRCLE**  
CITY-ST-ZIP **PLRT ST LUCIE FL**

TITLE **SD** ☐ Delete  
NAME **MILLER, STEPHEN**  
STREET ADDRESS **671 NW SAN REMO CIRCLE**  
CITY-ST-ZIP **PORT ST LUCIE FL**

TITLE **T** ☐ Delete  
NAME **MILLER, STEPHEN**  
STREET ADDRESS **671 NW SAN REMO CIRCLE**  
CITY-ST-ZIP **PORT ST LUCIE FL**

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 **PRESIDENT** ☒ Change ☐ Addition  
NAME **MILLER, STEPHEN**  
STREET ADDRESS **671 N.W. SAN REMO CIRCLE**  
CITY-ST-ZIP **PT. ST. LUCIE FL, 34986**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:

*Stephen Miller* **STEPHEN MILLER**

**4/11/01 (561) 340-3193**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)