

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 158632

1. Entity Name

ORLANDO MOTOR PARTS, INC.

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90431 014 ***150.00

Principal Place of Business

200 SOUTH ORANGE AVENUE
SUITE 2300
ORLANDO FL 32801
US

Mailing Address

200 SOUTH ORANGE AVENUE
SUITE 2300
ORLANDO FL 32801
US

2. Principal Place of Business

3. Mailing Address

200 S. Orange Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite 2300

City & State

City & State
Orlando, Florida

4. FEI Number

59-0600354

Applied For

Not Applicable

Zip

Country

Zip

Country

32804

US

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

A.G.C. CO.

200 SOUTH ORANGE AVENUE
2300 SUNTRUST CENTER
ORLANDO FL 32801

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, 2002 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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
JOHNSON, LEMUEL C JR
1207 W CENTRAL AVE.
ORLANDO FL 32805 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 I am empowered.

SIGNATURE:

Lemuel C Johnson Jr. Lem C Johnson Jr

1/16/02

407-423-4443

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)