

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90020 038 ***150.00

DOCUMENT # 242583

1. Entity Name

UNIVERSAL PARTS WAREHOUSE, INC.



Principal Place of Business

18 N. PARRAMORE
P.O. BOX 1583
ORLANDO FL 32802

Mailing Address

18 N. PARRAMORE
P.O. BOX 1583
ORLANDO FL 32802



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number
59-0934216

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

L B MICHAEL JR.
16 N PARRAMORE
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name
DORIS H. MICHAEL

Street Address (P.O. Box Number is Not Acceptable)

18 N. PARRAMORE AVE

City
ORLANDO

FL

Zip Code
32801

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **DORIS H. MICHAEL**

(Signature)

3-30-06

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when constituting)

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME MICHAEL JR, L B
STREET ADDRESS 3203 MISTY MORN CT
CITY-ST-ZIP ST CLOUD FL

TITLE V ☐ Delete
NAME MICHAEL, STEVEN J
STREET ADDRESS 5371 CROOKED OAK CIRCLE
CITY-ST-ZIP ST CLOUD FL

TITLE S ☐ Delete
NAME MICHAEL, DORIS H
STREET ADDRESS 3203 MISTY MORN CT
CITY-ST-ZIP ST CLOUD FL

TITLE V ☐ Delete
NAME FOLEY, KAREN D
STREET ADDRESS 18 N. PARRAMORE AVENUE
CITY-ST-ZIP ORLANDO FL 32802

TITLE V ☐ Delete
NAME COLLINS, LINDA M
STREET ADDRESS 18 N. PARRAMORE AVENUE
CITY-ST-ZIP ORLANDO FL 32802

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE PD ☒ Change ☐ Addition
NAME STEVEN J. MICHAEL
STREET ADDRESS 3169 WHISPER WIND DR
CITY-ST-ZIP ST. CLOUD FL 34771

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DORIS H. MICHAEL

(Signature)

3-30-06

407-841-7440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #