

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 345024

1. Entity Name

VINCENT AUTO PARTS INC

Principal Place of Business

4801 OVERSEAS HWY  
MARATHON FLA 33050-2623

Mailing Address

4801 OVERSEAS HWY  
MARATHON FLA 33050-2623

FILED

00 SEP 26 AM 10:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 500186

Suite, Apt. #, etc.

City & State

Marathon, FL

Zip

Country

Zip

33050

Country

USA

4. FEI Number

59-1263690

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WRIGHT, THOMAS D  
5701 OVERSEAS HWY  
#17  
MARATHON FL 33050

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 D  
NAME VINCENT, ZANE P  
STREET ADDRESS 4801 OVERSEAS HWY  
CITY-ST-ZIP MARATHON FL ☐ Delete

TITLE D  
NAME VINCENT, JOHN E  
STREET ADDRESS 4801 OVERSEAS HWY  
CITY-ST-ZIP MARATHON FL ☐ Delete

TITLE P  
NAME VINCENT, MARY  
STREET ADDRESS 11244 3RD AVE G  
CITY-ST-ZIP MARATHON FL ☐ Delete

TITLE VP  
NAME WASHINGTON, DAVID  
STREET ADDRESS 98 AVE E  
CITY-ST-ZIP MARATHON FL ☐ Delete

TITLE ST  
NAME WASHINGTON, GAYLE  
STREET ADDRESS 98 AVE E  
CITY-ST-ZIP MARATHON FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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 like empowered.

SIGNATURE:

Mary E Vincent  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-22-00  
Date

305-743-3100  
Daytime Phone