

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90193 005 ***150.00

DOCUMENT # 360610

1. Entity Name

EMPIRE IMPORTED PARTS AND ACCESSORIES, INC.

Principal Place of Business

**2550 DUNDEE RD
P O BOX 53, CYPRESS GARDENS
WINTER HAVEN FL 33884-1353**

Mailing Address

**PO BOX 8061
WINTER HAVEN FL 33884-8061**

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

59-1290528

Applied For

Not Applicable

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

**MOORE, KENNETH C.
5008 RIVER LAKE RD
WINTER HAVEN, FL
WINTERHAVEN FL 33884**

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
Taxfiling 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 **STD** ☒ Delete
NAME **MOORE, BERTHA L**
STREET ADDRESS **457 LAS CRUCES**
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE **ST** ☒ Change ☐ Addition
NAME **Moore, Carol S.**
STREET ADDRESS **5008 River Lake Rd**
CITY-ST-ZIP **Winter Haven, FL 33884**

TITLE **V** ☐ Delete
NAME **COX, LARRY MITCHELL**
STREET ADDRESS **301 C. F. KINNEY RD.**
CITY-ST-ZIP **LAKE WALES FL**

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

TITLE **PD** ☐ Delete
NAME **MOORE, KENNETH CHARLES**
STREET ADDRESS **5008 RIVER LAKE RD.**
CITY-ST-ZIP **WINTER HAVEN FL**

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

TITLE **D** ☐ Delete
NAME **MOORE, CAROL S.**
STREET ADDRESS **5008 RIVERLAKE RD**
CITY-ST-ZIP **WINTERHAVEN FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

Kenneth C. Moore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-02

Date

863-324-4222

Daytime Phone #

CR2E034 (9/01)