

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91386 035 \*\*\*150.00

0512171 AV

**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

**2550 Dundee Road**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Winter Haven, FL**

Zip

Country

Zip

Country

**33884**

4. FEI Number **59-1290528**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

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

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 **ST** ☐ 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

TITLE ☐ Delete  
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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-25-03**

Date

**863-324-4722**

Daytime Phone #

CR2E034 (10/02)