

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90253 042 \*\*\*150.00

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**DOCUMENT # 365098**

1. Entity Name  
**WEST END AUTO SUPPLY INC**



Principal Place of Business  
**3010 W REYNOLDS ST  
PLANT CITY FL 33567**

Mailing Address  
**3010 W REYNOLDS ST  
PLANT CITY FL 33567**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

Zip Country

Zip Country

4. FEI Number **59-1295827**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GRIFFIN, THOMAS JUTSON  
1709 MARSHALL DRIVE  
PLANT CITY FL 33566**

7. Name and Address of New Registered Agent

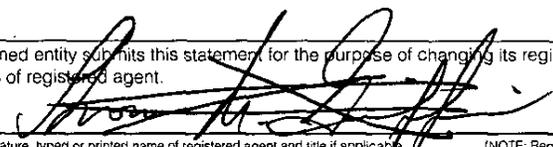
Name

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

SIGNATURE  DATE **4/29/03**

(NOTE: Registered Agent signature required when reinstating)

**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

TITLE	S	<input type="checkbox"/> Delete
NAME	<b>GRIFFIN, TERRI S</b>	
STREET ADDRESS	<b>3234 ALCOTT AVE</b>	
CITY-ST-ZIP	<b>PLANT CITY FL 33567</b>	
TITLE	T	<input type="checkbox"/> Delete
NAME	<b>GRIFFIN, THOMAS M.</b>	
STREET ADDRESS	<b>17 BURCHWOOD AVE</b>	
CITY-ST-ZIP	<b>PLANT CITY FL</b>	
TITLE	S	<input type="checkbox"/> Delete
NAME	<b>GRIFFIN, SHEILA D.</b>	
STREET ADDRESS	<b>17 BURCHWOOD AVE.</b>	
CITY-ST-ZIP	<b>PLANT CITY FL</b>	
TITLE	V	<input type="checkbox"/> Delete
NAME	<b>GRIFFIN, TIMOTHY L</b>	
STREET ADDRESS	<b>3234 ALCOTT AVE</b>	
CITY-ST-ZIP	<b>PLANT CITY FL 33567</b>	
TITLE	P	<input type="checkbox"/> Delete
NAME	<b>GRIFFIN, THOMAS J</b>	
STREET ADDRESS	<b>1709 MARSHALL DRIVE</b>	
CITY-ST-ZIP	<b>PLANT CITY FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:  **Thomas M. Griffin** DATE: **4/29/03** DAYTIME PHONE #: **813 752 5185**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)