

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 399461**1. Entity Name
USAIRPARTS, INC.**FILED**
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90011 016 ***150.00

Principal Place of Business

1186 OCEAN SHORE BLVD.
107
ORMOND BEACH FL 32176
US

Mailing Address

1186 OCEAN SHORE BLVD.
107
ORMOND BEACH FL 32176
US

2. Principal Place of Business

1458 Ocean Shore Blvd.

Suite, Apt. #, etc.

107

City & State

Ormond Beach, FL

Zip

32176

Country

US

3. Mailing Address

1458 Ocean Shore Blvd.

Suite, Apt. #, etc.

107

City & State

Ormond Beach, FL

Zip

32176

Country

US**L0035463**

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1654130**

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

CHILDS, MICHAEL J.
1186 OCEAN SHORE BLVD.
107
ORMOND BEACH FL 32176

Name

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

1458 Ocean Shore Blvd.**107**

City

Ormond Beach**FL**

Zip Code

32176

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

3-12-019. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 **PD** ☐ Delete
NAME **CHILDS, MICHAEL J.**
STREET ADDRESS **1186 OCEAN SHORE BLVD. #107**
CITY-ST-ZIP **ORMOND BEACH FL 32176**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **1458 Ocean Shore Blvd. #107**
CITY-ST-ZIPTITLE **S** ☐ Delete
NAME **CHILDS, DEBRA L**
STREET ADDRESS **1186 OCEAN SHORE BLVD. #107**
CITY-ST-ZIP **ORMOND BEACH FL 32176**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **1458 Ocean Shore Blvd. #107**
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-27-01 (817) 219-2126

Daytime Phone #

CR2E034 (10/00)