

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 433925

1. Entity Name

SANFORD AUTO PARTS, INC.

Principal Place of Business

Mailing Address

1700 LAKE MARKHAM RD
SANFORD FL 32771
US

1700 LAKE MARKHAM RD
SANFORD FL 32771
US

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 59-1466476

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

LARSON, RALPH
1700 LAKE MARKHAM RD
SANFORD FL 32771

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 \$150.00
After MAY 1, 2001 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	PD	<input type="checkbox"/> Delete
NAME	LARSON, RALPH B.	
STREET ADDRESS	1700 LAKE MARKHAM RD.	
CITY-ST-ZIP	SANFORD FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LARSON, ANNE	
STREET ADDRESS	1700 LAKE MARKHAM RD.	
CITY-ST-ZIP	SANFORD, FL 00000	
TITLE	T	<input type="checkbox"/> Delete
NAME	LARSON, ANNE	
STREET ADDRESS	1700 LAKE MARKHAM RD.	
CITY-ST-ZIP	SANFORD FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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		
TITLE	V/ PD LARSON, SCOTT D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	731 CLOVERLEAF	
STREET ADDRESS	DELTONA, FL 32728	
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		

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:

Ralph B. Larson
RALPH B. LARSON, PRES.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9 JAN 01 407 322-2133
Date Daytime Phone #

FILED
Jan 20, 2001 8:00 am
Secretary of State

01-20-2001 90082 023 ***150.00

00000120



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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