FILED

Apr 16, 2002 8:00 am § Secretary of State

04-16-2002 90114 008 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 517408

1. Entity Name MAC'S AUTO PARTS, INC.

Principal Place of Business

3129 BELLE CHRISTIANE PLACE

PENSACOLA EL 32503

Mailing Address

3129 BELLE CHRISTIANE PLACE

PENSACOLA EL 32503

Suito, Apt. 4, otc. Suito, Apt. 4, otc. Suito, Apt. 4, otc. City & State To Country City & State To Country Street Address of Now Registered Agent To Name and Address of Now Registered Agent Street Address (P.O. Box Number is Not Acceptable)	Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & Salete City & Salete Country Zip Country Zip Country S. Certificate of Status Desired \$8.75 Abditional Fee Required Abditional Fee Required Abditional Fee Required To Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) To Name and Address of New Registered Agent The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Street Address (P.O. Box Number is Not Acceptable) The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Street Address (P.O. Box Number is Not Acceptable) The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Street Address (P.O. Box Number is Not Acceptable) The Address (P.O. Box Number	US			US								
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13. I hereby certify that the information supplied with this filling 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 trigitee 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.

CITY-ST-ZIP

SIGNATURE.

CITY-ST-ZIP