

# 2002 UNIFORM BUSINESS REPORT (UBR)

05-20-2002 90047 049 \*\*\*150.00  
529914

DOCUMENT # **529914**

1. Entity Name

**ONE STOP AUTO PARTS, INC.**

FILED

02 JUN 27 AM 10:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**1113 62 AVENUE NORTH  
ST. PETERSBURG FL**

**1113 62 AVENUE NORTH  
ST. PETERSBURG FL**

2. Principal Place of Business

3. Mailing Address

**601 SOUTH FREMONT AVENUE**

**601 SOUTH FREMONT AVENUE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**TAMPA, FL**

City & State

**TAMPA, FL**

4. FEI Number

**59-2265856**

Applied For

Not Applicable

Zip

**33606**

Country

**US**

Zip

**33606**

Country

**US**

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

Name

**CAREY, MICHAEL R.**

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

**712 S. OREGON AVE.**

City

**TAMPA, FLORIDA 33606**

FL

Zip Code

**33606**

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

*Michael R. Carey*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3/19/02**

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, 2002 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 ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **DIRECTOR**  
STREET ADDRESS **STANTON, JOHN**  
CITY-ST-ZIP **P.O. BOX 24567  
TAMPA, FL 33623**

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  
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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 REQUIRED**  
*JOHN STANTON*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/25/02**  
Date

**813/258-1235**  
Daytime Phone #