

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

05-05-2003 90105 003 ***150.00
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03 MAY 21 PM 3:23

REGISTRY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 529914

1. Entity Name
ONE STOP AUTO PARTS, INC.



Principal Place of Business
601 SOUTH FREMONT AVENUE
TAMPA FL 33606

Mailing Address
601 SOUTH FREMONT AVENUE
TAMPA FL 33606

2. Principal Place of Business

P.O. BOX 18341

3. Mailing Address

P.O. BOX 18341

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

TAMPA, FL

City & State

TAMPA, FL

4. FEI Number

59-2265856

Applied For

Not Applicable

Zip

Country

33679-8341

Zip

Country

33679-8341

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

CAREY, MICHAEL R.

Name

CAREY, MICHAEL R.

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

712 SOUTH OREGON AVENUE

City

TAMPA

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

SIGNATURE

Michael R. Carey

4/29/03

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

(NOTE: Registered Agent signature required when renouncing)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME STANTON, JOHN
STREET ADDRESS POST OFFICE BOX 24587
CITY-ST-ZIP TAMPA FL 33603

TITLE D ☒ Change ☐ Addition
NAME STANTON, JOHN
STREET ADDRESS P.O. BOX 18341
CITY-ST-ZIP TAMPA, FL 33679

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/03

813-760-0044

Date

Daytime Phone #

CR2E034 (10/02)