## FILED 2006 UNIFORM BUSINESS REPORT (UBR) Aug 03, 2000 8:00 am Secretary of State **DOCUMENT # 653584** COMMERCIAL AUTO PARTS, INC. 08-03-2000 90032 001 \*\*\*550.00 Mailing Address Principal Place of Business 502 BRIDGERS AVE 502 BRIDGERS AVE AUBURNDALE FL 33823-3202 AUBURNDALE FL 33823-3202 A0071100 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1970230 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BOSTICK, R MARK Street Address (P.O. Box Number is Not Acceptable) 502 BRIDGERS AVE AUBURNDALE FL Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00: Tax filing requirement and elects to do so. Trust Fund Contribution. $\Box$ Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition ☐ Change ☐ Delete TITLE BOSTICK, GUY NAME NAME STREET ADDRESS STREET ADDRESS **502 BRIDGERS AVE** CITY-ST-ZIP CITY-ST-ZIP AUBURNDALE, FL 00000 TITLE Delete ☐ Change Addition NAME JACOBS, MILTON E NAME STREET ADDRESS **502 BRIDGERS AVE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP AUBURNDALE, FL 00000 ☐ Change ☐ Addition ☐ Delete TITLE TITI F BOSTICK R. MARK NAME **502 BRIDGERS AVE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP AUBURNDALE, FL 00000 Change ☐ Addition Delete TITLE TITLE READY, BILLY R NAME NAME STREET ADDRESS 502 E. BRIDGERS AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE AUBURNDALE FL ☐ Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF

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 gither like empowered.

LE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

SIGNATURE: (

CR2E034 (5/00)