2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2002 8:00 AM
Secretary of State

DOCUMENT# 653584

Entity Name: COMMERCIAL AUTO PARTS, INC.

Current Principal Place of Business:

502 BRIDGERS AVE
AUBURNDALE, FL 338233202

New Principal Place of Business:

Current Mailing Address:

502 BRIDGERS AVE
AUBURNDALE, FL 338233202

New Mailing Address:

FEI Number: 59-1970230 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOSTICK, R MARK
502 BRIDGERS AVE
AUBURNDALE, FL US

Name and Address of New Registered Agent:

BOSTICK, R. MARK
502 BRIDGERS AVE
AUBURNDALE, FL 33823 US

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: R. MARK BOSTICK 04/19/2002
Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BOSTICK, GUY,
Address: 502 BRIDGERS AVE
City-St-Zip: AUBURNDALE, FL 00000,

Title: VDT ( ) Delete
Name: JACOBS, MILTON E,
Address: 502 BRIDGERS AVE
City-St-Zip: AUBURNDALE, FL 00000,

Title: PD (X) Delete
Name: BOSTICK R. MARK,
Address: 502 BRIDGERS AVE
City-St-Zip: AUBURNDALE, FL 00000,

Title: S (X) Delete
Name: READY, BILLY R
Address: 502 E. BRIDGERS AVE.
City-St-Zip: AUBURNDALE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BOSTICK, R. MARK
Address: 502 BRIDGERS AVE
City-St-Zip: AUBURNDALE, FL 33823

Title: TSD (X) Change ( ) Addition
Name: JACOBS, MILTON E
Address: 502 BRIDGERS AVE
City-St-Zip: AUBURNDALE, FL 33823

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MILTON E. JACOBS TSD 04/19/2002
Electronic Signature of Signing Officer or Director Date