

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State
 04-18-2000 90240 009 ***150.00

DOCUMENT # 672058

1. Entity Name

LAKELAND TRUCK PARTS, INC.

Principal Place of Business	Mailing Address
HAROLD G. BIGGS LAKE VICTORIA DRIVE LAKELAND FL 33813	C/O HAROLD G. BIGGS 5951 LAKE VICTORIA DRIVE LAKELAND FL 33813-4720 US

941042



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	59-1997380	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired		<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BRIGGS, HAROLD G 5951 LAKE VICTORIA DRIVE LAKELAND FL 33813		Name: <u>Harold G. Biggs</u> Street Address (P.O. Box Number is Not Acceptable): <u>5951 Lake Victoria Drive</u> City: <u>Lakeland,</u> FL Zip Code: <u>33813</u>	

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: Harold G. Biggs DATE: 4-12-00
Signature, typed or printed name of registered agent and fee is applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	
NAME	BIGGS, HAROLD G.	NAME	
STREET ADDRESS	5951 LAKE VICTORIA DR	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 00000	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	DST	TITLE	
NAME	BIGGS, GLINNIS	NAME	
STREET ADDRESS	5951 LAKE VICTORIA DR	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 00000	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	M	TITLE	
NAME	BIGGS, CYNTHIA LYNN	NAME	
STREET ADDRESS	1371 BRAMBLEWOOD DR	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: Harold G. Biggs DATE: 4-12-00 DAYTIME PHONE: 863-6880282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)