

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90161 009 ***150.00

DOCUMENT # F01000003513

1. Entity Name
SMITTY'S AUTO PARTS, INC.

Principal Place of Business

63399 HWY 51
ROSELAND LA 70456

Mailing Address

P.O. BOX 530
ROSELAND LA 70456

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEE Number

75-1000182

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE CP ☐ Delete
NAME SMITH, DAVID A
STREET ADDRESS 307 CLEMONS COURT
CITY-ST-ZIP AMITE LA 70422

TITLE VCVP ☐ Delete
NAME SMITH, MITCHELL S
STREET ADDRESS 307 CLEMONS COURT
CITY-ST-ZIP AMITE LA 70422

TITLE SD ☐ Delete
NAME SMITH, GEORGE
STREET ADDRESS 16246 JEFF BANKSTON ROAD
CITY-ST-ZIP AMITE LA 70422

TITLE TD ☐ Delete
NAME SMITH, EDGAR R III
STREET ADDRESS 60135 ISRAEL CUTRER ROAD
CITY-ST-ZIP AMITE LA 70422

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CP ☒ Change ☐ Addition
NAME Edgar R Smith III
STREET ADDRESS 60135 Israel Cutrer Rd
CITY-ST-ZIP Amite, LA 70422

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☒ Change ☐ Addition
NAME David A. Smith
STREET ADDRESS 307 Clemons Court
CITY-ST-ZIP Amite, LA 70422

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/8/02 985-748-9687

CR2E034 (9/01)