## 2000 UNIFORM BUSINESS REPORT (UBR)

## Apr 19, 2000 8:00 am Secretary of State **DOCUMENT # F31788** 1. Entity Name FEDERAL PARTS, INC. 04-19-2000 90104 050 \*\*\*150.00 Mailing Address Principal Place of Business PO BOX 4877 3795 S SANFORD AVE SANFORD FL 32773 SANFORD FL 32772-4877 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 58-1048183 Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PHILIP-K.-RICKER-LAY, HOWARD Street Address (P.O. Box Number is Not Acceptable) 3795 S SANFORD AVE 3795 S SANFORD AVE SANFORD FL 32773 SANFORD 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 Philip K. Ricker Signature, typed or printed name of registered agent and title if applicat FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. President, Sec. & Treas. & Change **PSTD X** Delete TITLE TITLE LAY, HOWARD NAME PHILIP K. RICKER NAME STREET ADDRESS 3795 S SANFORD AVE 3795 S. SANFORD AVE STREET ADDRESS CITY-ST-ZIP SANFORD, FL 00000 CITY-ST-71P SANFORD, FL 32773 Change ☐ Addition ☐ Celete TITLE Director TITLE NAME NAME HOWARD LAY STREET ADDRESS STREET ADDRESS 3795 S. SANFORD AVE CITY-ST-ZIP CITY-ST-ZIP SANFORD, FL 32773 Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.