

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90134 038 ***150.00

DOCUMENT # F41444

1. Entity Name
DISCOUNT AUTO PARTS OF VENICE, INC.



Principal Place of Business: ~~780 N TAMiami TR~~
C/O DAVID E. PACK
~~MOGOMIS FL 34275~~

Mailing Address: ~~P.O. BOX 1884~~
C/O DAVID E. PACK
~~ENGLEWOOD FL 34285~~
US



2. Principal Place of Business
2200 BRIDGE ST

3. Mailing Address
P.O. BOX 5753

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State: **ENGLEWOOD FL**

City & State: **SARASOTA FL**

Zip: **34222** Country: **USA**

Zip: **34277** Country: **USA**

4. FEI Number: **59-2123428**

Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent

PACK, DAVID E.
2200 BRIDGE STREET
ENGLEWOOD FL 34223

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE: DP	<input type="checkbox"/> Delete
NAME: PACK, DAVID E	
STREET ADDRESS: 2200 BRIDGE STREET	
CITY-ST-ZIP: ENGLEWOOD FL	
TITLE: SD	<input type="checkbox"/> Delete
NAME: PACK, MARCIA C.	
STREET ADDRESS: 2200 BRIDGE STREET	
CITY-ST-ZIP: ENGLEWOOD FL	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other lives empowered.

SIGNATURE: SIGNATURE REQUIRED DATE: 3-20-03 DAYTIME PHONE #: 941-468-9402

CR2E034 (10/02)