

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F77123

1. Entity Name

BERLIN'S AUTO PARTS, INC.

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90033 050 ***150.00

Principal Place of Business

% ROBERT OWEN BERLIN
7410 S BEDFORD ROAD
FLORAL CITY FL 34436
US

Mailing Address

% ROBERT OWEN BERLIN
7410 S BEDFORD ROAD
FLORAL CITY FL 34436
US

00007251



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Berlin's Auto Parts Inc.

3. Mailing Address

BERLIN'S AUTO PARTS INC.

Suite, Apt. #, etc.

7410 S BEDFORD RD

Suite, Apt. #, etc.

7410 S BEDFORD RD

City & State

FLORAL CITY FL.

City & State

FLORAL CITY FL

Zip

34436

Country

U.S.

Zip

34436

Country

U.S.

4. FEI Number

59-2208094

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BERLIN, JOHN R
9792 E BAYMEADOWS DR
INVERNESS FL 34450

7. Name and Address of New Registered Agent

Name
JOHN R. BERLIN
Street Address (P.O. Box Number is Not Acceptable)
8861 50TH ST NORTH
City
PINELLAS PARK FL Zip Code
33782

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 John R Berlin JOHN R. BERLIN PRES. 1-11-01

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, 2001 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	DC	<input type="checkbox"/> Delete
NAME	BERLIN, JOHN R	
STREET ADDRESS	9792 E BAYMEADOWS DR	
CITY-ST-ZIP	INVERNESS FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BERLIN, JOHN R.	
STREET ADDRESS	9792 E BAY MEADOWS DR	
CITY-ST-ZIP	INVERNESS FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BERLIN, TAMARA H.	
STREET ADDRESS	9792 E BAY MEADOWS DR	
CITY-ST-ZIP	INVERNESS FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ALBURTUS, BRADLEY	
STREET ADDRESS	1612 CALDWELL ST	
CITY-ST-ZIP	INVERNESS FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	BERLIN, SHAWN R	
STREET ADDRESS	721 WHARTON TERR	
CITY-ST-ZIP	INVERNESS FL 34450	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERLIN JOHN R	OF ADDRESS
STREET ADDRESS	8861 50TH ST NORTH	
CITY-ST-ZIP	PINELLAS PARK FL. 33782	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERLIN JOHN R	OF ADDRESS
STREET ADDRESS	8861 50TH STREET NORTH	
CITY-ST-ZIP	PINELLAS PARK FL. 33782	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERLIN TAMARA H.	OF ADDRESS
STREET ADDRESS	8861 50TH ST NORTH	
CITY-ST-ZIP	PINELLAS PARK FL. 33782	
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		

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: John R Berlin JOHN R. BERLIN 1-11-01 (352) 726-5847

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)