

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F85085

1. Entity Name
PARTS PLUS, INC.

Principal Place of Business
1209 OLD HOPEWELL RD
UNIT A-12
TAMPA FL 33619
US

Mailing Address
P.O. BOX 541
RIVERVIEW FL 33569
US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **59-2966149**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

BELLOTTE, CLARENCE W
827 BLUE HERON
RUSKIN FL 33570

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, 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 PD Delete
NAME BELLOTTE, CLARENCE W
STREET ADDRESS 827 BLUE HERON BLVD.
CITY-ST-ZIP RUSKIN FL 33570

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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NAME Change Addition
STREET ADDRESS Change Addition
CITY-ST-ZIP Change 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: *C.W. Bellotte* C.W. BELLOTTE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/15/01, 813-623-6183
Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)