

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90163 033 ***150.00

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

25 COLLEGE AVENUE, WEST

Suite, Apt. #, etc.

3. Mailing Address

P. O. BOX 182

Suite, Apt. #, etc.

City & State
RUSKIN, FL

City & State

RUSKIN, FL

Zip

Country

33570

US

Zip

33570

Country

US

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**

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

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 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: CLARENCE W. BELLOTTE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14/19/02

813 649 0700
 Daytime Phone #

CR2E034 (9/01)