2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) F85085 **DOCUMENT #**

1. Entity Name
PARTS PLUS, INC.



FILED Apr 28, 2003 8:00 am Secretary of State 04-28-2003 90505 036 ***150.00

Principal Place of Business 25 COLLEGE AVENUE WEST RUSKIN FL 33570 US			Mailing Address P.O. BOX 182 RUSKIN FL 33570 US								
2. Principal F	Place of Busin	ness	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & Stat	e .		City & State			4.	1 39F2900 149			Applied For Not Applicable	_
Zip Country		Zip Cou		try	5. Certificate of Status Desired			\$8.75 A	dditional	1	
	6. Name	and Address of Current	Registered Agent		7. Name and Address of New Registered Agent					┨ .	
					Name						7
BELLOTTE 827 BLUE	, CLARENC	EW	Street Address			(P.O. Box Number is Not Acceptable)					-
RUSKIN FL											\dagger
					City .			FL	- 1		
8. The above the obligat	named entity ions of regist	y submits this statement for ered agent.	the purpose of changing its	registere	ed office or registe	ered a	gent, or both, in the State of Flori	ida. I am	familiar wit	h, and accept	1
SIGNATURE .	Signature, typed	or printed name of registered agent a	and title if applicable. (NOT	E: Registere	d Agent signature require	d when	reinstating)	DATE			
After	May 1, 200	FEE IS \$150.00 3 Fee will be \$550.00 Florida Department of					9. Election Campaign Fina Trust Fund Contribution.			.00 May Be ed to Fees	_
10.	<u> </u>	OFFICERS AND I	DIRECTORS	11.		А	DDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	RS IN 11	1
TITLE	PD		☐ Delete						☐ Change		1 ର
	BELLOTTE, CLARENCE W		: NA								0
STREET ADDRESS 827 BLUE HERON BLVD. RUSKIN FL 33570					ET ADDRESS ST-ZIP					•	CR2E034 (10/02)
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NAME				NAME						Accuson	
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CITY-ST-ZIP					ST-ZIP						
12. I hereby c	ertify that the	information supplied with	this filing does not qualify for	the exer	nption stated in Se	ection	119.07(3)(i), Florida Statutes. I fu	irther cer	tify that the	information	1
indicatéd	on this report	or supplemental report is	true and accurate and that n	ny signati	ure shall have the	same	legal effect as if made under oai	th; that I a	m an office	er or director	Ι.

to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if