

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000002310

1. Entity Name

AUTO PARTS OF DAYTONA, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90078 031 ***150.00

Principal Place of Business

Mailing Address

MASON AVENUE
BEACH FL 32117

1114 MASON AVENUE
DAYTONA BEACH FL 32117-4614

2. Principal Place of Business

945 W. INTL. SPEEDWAY BLVD. 945 W. INTL. SPEEDWAY BLVD.
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

DAYTONA BEACH FL
Zip 32114-3566 Country VOLUNTA

City & State

DAYTONA BEACH FL
Zip 32114-3566 Country VOLUNTA

6. Name and Address of Current Registered Agent

STONER, THOMAS W
1114 MASON AVENUE
DAYTONA BEACH FL 32117

4. FEI Number

59-3304342

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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, 2000 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	PDT	<input type="checkbox"/> Delete
NAME	STONER, THOMAS W	
STREET ADDRESS	1114 MASON AVENUE	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JONES, MARTIN H.	
STREET ADDRESS	1090 HAINES STREET	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BARBEE, MIKE	
STREET ADDRESS	5420 PEACHTREE INDUSTRIAL BLVD	
CITY-ST-ZIP	NORCROSS GA	
TITLE	V	<input type="checkbox"/> Delete
NAME	SUSOR, ROBERT J	
STREET ADDRESS	2999 CIRCLE 75 PKWY	
CITY-ST-ZIP	ATLANTA GA	
TITLE	AS	<input type="checkbox"/> Delete
NAME	WEBB, BRAINARD T	
STREET ADDRESS	2999 CIRCLE 75 PKWY	
CITY-ST-ZIP	ATLANTA GA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONER, THOMAS W.	
STREET ADDRESS	945 W. INTL. SPEEDWAY BLVD.	
CITY-ST-ZIP	DAYTONA BEACH FL 32114-3566	
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		

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: THOMAS W. STONER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-00 (904) 258-6188

Date

Daytime Phone #

CR2E034 (9/99)