

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2001 8:00 am
Secretary of State

03-23-2001 90004 018 ***150.00

DOCUMENT # F95000002310

1. Entity Name
AUTO PARTS OF DAYTONA, INC.

Principal Place of Business
**945 W INTL SPEEDWAY BLVD
 DAYTONA BEACH FL 32114-3566**

Mailing Address
**945 W INTL SPEEDWAY BLVD
 DAYTONA BEACH FL 32114-3566**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3304342**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STONER, THOMAS W
 1114 MASON AVENUE
 DAYTONA BEACH FL 32117**

Name **THOMAS W. STONER**
 Street Address (P.O. Box Number is Not Acceptable)
945 W. INTL SPEEDWAY BLVD
 City **DAYTONA BEACH** FL Zip Code **32114**

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 *Thomas W. Stoner* **THOMAS W. STONER**

1-08-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PDT	<input type="checkbox"/> Delete
NAME	STONER, THOMAS W	
STREET ADDRESS	945 W INTL SPEEDWAY BLVD	
CITY-ST-ZIP	DAYTONA BEACH FL 32114-3566	
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 checked="" type="checkbox"/> Delete
NAME	SUSOR, ROBERT J	
STREET ADDRESS	2999 CIRCLE 75 PKWY	
CITY-ST-ZIP	ATLANTA GA	
TITLE	AS	<input checked="" 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		

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		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANCOCK, THOMAS E	
STREET ADDRESS	2999 CIRCLE 75 PKWY	
CITY-ST-ZIP	ATLANTA GA 30339	
TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, SCOTT	
STREET ADDRESS	2999 CIRCLE 75 PKWY	
CITY-ST-ZIP	ATLANTA GA 30339	
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 E. Hancock* **THOMAS E. HANCOCK**

1/08/01 904-354-7856

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)