

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G05531

FILED
Jan 06, 2009
Secretary of State

Entity Name: UNITED AUTO PARTS OF VENICE, INC.

Current Principal Place of Business:

UNITED AUTO PARTS OF VENICE, INC..
240 S. GROVE STREET
VENICE, FL 34292

New Principal Place of Business:

Current Mailing Address:

240 S. GROVE STREET
VENICE, FL 34292

New Mailing Address:

UNITED AUTO PARTS OF VENICE, INC..
240 S. GROVE STREET
VENICE, FL 34292

FEI Number: 59-2229240

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRIS, BYNE D MR
240 S. GROVE STREET
VENICE, FL 34292 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: HARRIS JR, BYNE D MR
Address: 240 S GROVE STREET
City-St-Zip: VENICE,, FL 34292

Title: P () Delete
Name: HARRIS, BYNE D MR
Address: 240 S GROVE STREET
City-St-Zip: VENICE,, FL 34292

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BYNE D. HARRIS

PRES

01/06/2009

Electronic Signature of Signing Officer or Director

_____ Date