

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H58906

1. Entity Name

APCO PARTS, INC.

**FILED**  
**Jun 27, 2000 8:00 am**  
**Secretary of State**

06-27-2000 90005 034 \*\*\*558.75

Principal Place of Business

Mailing Address

6575 BLANDING BLVD  
JACKSONVILLE FL 32244-3711  
US

6575 BLANDING BLVD  
JACKSONVILLE FL 32244-3711  
US

2. Principal Place of Business

6841 Blanding Blvd.

3. Mailing Address

6841 Blanding Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

4. FEI Number

59-2532365

Applied For

Not Applicable

Zip

32244

Country

DUAL

Zip

32244

Country

DUAL

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHITE, A P  
6575 BLANDING BLVD  
JACKSONVILLE FL 32244

Name

WHITE, A.P.

Street Address (P.O. Box Number is Not Acceptable)

2527 Forbes St

City

Jacksonville

FL

Zip Code

32204

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]*

A.P. WHITE

4-20-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DT  
NAME WHITE, ALBERT A.  
STREET ADDRESS 1122 RIO ST. JOHNS DR.  
CITY-ST-ZIP JACKSONVILLE FL 32211-8832  
☒ Delete

TITLE DT5  
NAME WHITE, ALBERT P.  
STREET ADDRESS 2527 Forbes St.  
CITY-ST-ZIP Jacksonville, FL. 32204  
☒ Change ☐ Addition

TITLE DPS  
NAME WHITE, ALBERT P.  
STREET ADDRESS 6575 BLANDING BLVD.  
CITY-ST-ZIP JACKSONVILLE FL 32244-3711  
☐ Delete

TITLE VM  
NAME Virginia L. Huff  
STREET ADDRESS 7855 Wilson Blvd #41  
CITY-ST-ZIP Jacksonville, FL. 32210  
☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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:

*[Signature]* A.P. WHITE

4-20-00

(904)771-2284

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)