

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

5/9/

FILED
Jun 26, 2006 8:00 am
Secretary of State

05-09-2006 90083 034 ***150.00

DOCUMENT # <u>K 39392</u>					
1. Entity Name <u>UNIVERSAL PARTS DISTRIBUTING</u>					
Principal Place of Business <u>1013 HIALTECH DR</u> <u>1013 HIALTECH DR</u> <u>1013 HIALTECH, FL 33010</u>			Mailing Address <u>1013 HIALTECH DR</u> <u>1013 HIALTECH, FL 33010</u>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip		Zip			
Country		Country			
4. FEI Number <u>05-007771L</u>				☐ Agreed For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				1st MOORE CR2E034 (10/05)	
6. Name and Address of Current Registered Agent <u>MULLINGS, JAMES</u> <u>1013 HIALTECH DR</u> <u>HIALTECH, FL 33010</u>				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature of person named in registered office and who is not a director _____ Signature of person named in registered office and who is not a director _____ Signature of person named in registered office and who is not a director					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PTD <u>MULLINGS, JAMES</u> <u>1013 HIALTECH DR</u> <u>HIALTECH, FL 33010</u>		☐ Delete	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	STD <u>MULLINGS, BASIL</u> <u>1013 HIALTECH DR</u> <u>HIALTECH, FL 33010</u>		☐ Delete	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP			☐ Delete	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP			☐ Delete	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP			☐ Delete	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP			☐ Delete	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 110, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like information.					
SIGNATURE: <u>James M. Mullings</u> <u>4/26/06</u>					

ATTACHMENT

66020779

#K39392

JUNE 20/2006

FL2. DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
ANNUAL REPORT SECTION
P.O. BOX 6327
TALLAHASSEE, FL 32314

GENTLEMEN:

I HAVE
RECEIVED YOUR LETTER DATED 6-16-2006 -
ABOUT THE ANNUAL CORPORATE REPORT
#2006 FOR THE CORPORATION UNIVERSAL
PARTS DISTRIBUTORS; S.C. NO. K39392
IN THE REFERRED LETTER YOU CONSIDER
THAT THE REPORT "HAS NOT BEEN FILLED"
SINCERELY I DON'T UNDERSTAND THE
MEANING OF THIS LETTER, SINCE I HAVE
CHECKED THE 'CORPORATED ANNUAL REPORT'
AND I DIDN'T FOUND ANY ERROR.

PLEASE,
LET ME KNOW WHERE IS THE ERROR.

YOUR VERY TRULY

JAMES MULLINGS

PRESIDENT

UNIVERSAL PARTS DISTRIBUT, INC.

1013 HIALTECH DR.

HIALTECH, FL 33010