

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L16161

1. Entity Name

TP AUTOMOTIVE, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90242 030 ***150.00

Principal Place of Business

Mailing Address

2378 W. GAS PLANT RD
PERRY FL 32347
US

~~RT 5, BOX 456~~
PERRY FL 32347

2. Principal Place of Business

3. Mailing Address

2378 W. Gas Plant Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2978905

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

SHINHOLSER, SHIRLEY E.
2378 W. GAS PLANT RD
~~RT 5 BOX 456~~
PERRY FL 32347

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME PICKRON, RAYMOND E.
STREET ADDRESS ~~RT 5, BOX 604~~
CITY-ST-ZIP PERRY FL ☐ Delete

TITLE
NAME
STREET ADDRESS 2378 W. Gas Plant Rd. ☒ Change ☐ Addition
CITY-ST-ZIP

TITLE VD
NAME THARPE, PHILLIP W.
STREET ADDRESS ~~RT 4, BOX 228~~
CITY-ST-ZIP PERRY FL ☐ Delete

TITLE
NAME
STREET ADDRESS 845 AB Murphy Rd. ☒ Change ☐ Addition
CITY-ST-ZIP

TITLE STD
NAME SHINHOLSER, SHIRLEY E.
STREET ADDRESS ~~ROUTE 2, BOX 167~~
CITY-ST-ZIP PERRY FL ☐ Delete

TITLE
NAME
STREET ADDRESS 20641 Marina Rd. ☒ Change ☐ Addition
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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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: Shirley E. Shinholser Shirley E. Shinholser

4/7/00

(850) 584-5568

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)