

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L95851

1. Entity Name

GENPART, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90075 048 ***150.00

Principal Place of Business

6784 NW 17TH AVENUE
FT. LAUDERDALE FL 33309

Mailing Address

363 COWEE TUNNEL RD
~~306 TUNNEL MOUNTAIN RD~~
SYLVA NC 28779-6019
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0212647

Applied For

Not Applicable

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

BENNETT, JERRY LEE
6784 NW 17TH AVENUE
FT. LAUDERDALE 33309

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 DC ☐ Delete
NAME BENNETT, JERRY LEE
STREET ADDRESS 4121 121ST TERRACE, NORTH
CITY-ST-ZIP ROYAL PALM BEACH FL

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

TITLE D ☐ Delete
NAME SMITH, WAYNE M.
STREET ADDRESS 375 KATHY LANE
CITY-ST-ZIP MARGATE FL

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

TITLE DS ☐ Delete
NAME SAUNDERS, PENNY J.
STREET ADDRESS 2906 MONROE STREET
CITY-ST-ZIP HOLLYWOOD FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 8942 NW 10th Street
CITY-ST-ZIP PEBROKE PINES FL 33024

TITLE DT ☐ Delete
NAME GARDNER, JENNIFER M.
STREET ADDRESS 363 COWEE TUNNEL RD
CITY-ST-ZIP SYLVA NC

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

TITLE DP ☐ Delete
NAME GARDNER, LAWRENCE R.
STREET ADDRESS 363 COWEE TUNNEL RD
CITY-ST-ZIP SYLVA NC

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JENNIFER M. GARDNER

Date

3/3/2000 (828)586-1258

Daytime Phone #

CR2E034 (9/99)