

2001 UNIFORM BUSINESS REPORT (UBR)

0023391 AF

DOCUMENT # L96000000801

1. Entity Name
A-AABLE AUTO PARTS, L.C.

FILED

01 JAN 17 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
3600 BOGGY CREEK ROAD
KISSIMMEE FL 34744

Mailing Address
P.O. BOX 420521
KISSIMMEE FL 34742

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3391084

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MEDLIN, WALTER L
1401 PINE ISLAND RD
KISSIMMEE FL 34742

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MEM
NAME MEDLIN, WALTER
STREET ADDRESS 1401 PINE ISLAND RD.
CITY-ST-ZIP KISSIMMEE FL 34742 ☐ Delete

TITLE
NAME
STREET ADDRESS 800003575518--2
CITY-ST-ZIP -01/26/01--01008--001 ☐ Change ☐ Addition
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE MEM
NAME ALLEN, D L
STREET ADDRESS 1403 GRANDVIEW BOULEVARD
CITY-ST-ZIP KISSIMMEE FL 34744 ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/12/01

407-887-9119

CR2E083 (11/00)