


2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 199000002659				FILED 01 SEP 13 PM 12:17 SECRETARY OF STATE TALLAHASSEE, FLORIDA  DO NOT WRITE IN THIS SPACE	
1. Entity Name DEALER PARTS SERVICES, L.C.					
Principal Place of Business 8432 JUNIPER AVENUE PENSACOLA FL 32534		Mailing Address 8432 JUNIPER AVENUE PENSACOLA FL 32534			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3577168 Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DONALDSON, MICHAEL 8432 JUNIPER AVENUE PENSACOLA FL 32534				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By September 26, 2001				200100207089--2 -09/25/01--01080--016 *****50.00 *****50.00	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DONALDSON, MICHAEL 8432 JUNIPER AVENUE PENSACOLA FL 32534	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Michael Donaldson</i> MICHAEL DONALDSON				9/9/01 (850) 477-6850	

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