

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # M94032**

1. Entity Name

A TO Z AUTO PARTS, INC.**FILED**
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90030 048 ***150.00

Principal Place of Business

**104 NE 2ND AVE
DELRAY BEACH FL 33444-3704**

Mailing Address

**104 NE 2ND AVE
DELRAY BEACH FL 33444-3704**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0062655**

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

**SNYDER, LLOYD I
104 NE 2ND AVE
DELRAY BEACH FL 33444**

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, 2001 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 NAME	ST SNYDER, GARY	<input type="checkbox"/> Delete
STREET ADDRESS	10806 LAKE JASMINE DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33498	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	P SNYDER, LLOYD I	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	104 NE 2ND AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33444	

TITLE NAME	P PATRICIA E. SNYDER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	104 NE 2ND AVE	
CITY-ST-ZIP	DELRAY BEACH, FLA 33444	

TITLE NAME	VP FLANK, MICHAEL L	<input type="checkbox"/> Delete
STREET ADDRESS	6608 PATIO LANE	
CITY-ST-ZIP	BOCA RATON FL 33433	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

MICHAEL L. FRANK VP 3-22-01Date **561-243-8306**

CR2E034 (10/00)