

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90472 027 \*\*\*150.00

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DOCUMENT # P00000017960

1. Entity Name  
CENTRAL TRUCK & INDUSTRIAL PARTS, INC.



Principal Place of Business  
922 PONCE DE LEON BLVD.  
BROOKSVILLE FL 34601

Mailing Address  
922 PONCE DE LEON BLVD.  
BROOKSVILLE FL 34601

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 59-2112158

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARTLEY, STEVEN A  
922 PONCE DE LEON BLVD.  
BROOKSVILLE FL 34601

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
NAME D HARTLEY, STEVEN A  
STREET ADDRESS 16146 SEMINOLE BLVD.  
CITY-ST-ZIP BROOKSVILLE FL 34601

TITLE  Change  Addition  
NAME D HARTLEY, STEVEN A.  
STREET ADDRESS 404 LONGWOOD DR.  
CITY-ST-ZIP BROOKSVILLE, FL 34601

TITLE  Delete  
NAME T RANDLETT, ROCHELLE M  
STREET ADDRESS 6187 SUMTER DRIVE  
CITY-ST-ZIP BROOKSVILLE FL 34602

TITLE  Change  Addition  
NAME T HARTLEY, LIZABETH W.  
STREET ADDRESS 404 LONGWOOD DR.  
CITY-ST-ZIP BROOKSVILLE, FL 34601

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 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

4-15-03 352-796-4909  
Date Daytime Phone #

CR2E034 (10/02)