

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90166 022 ***150.00

DOCUMENT # P00000033747

1. Entity Name
PARTS AND CARS.COM, INC.

Principal Place of Business
5652 COMMERCE DR. UNIT #1
EDGEWOOD FL 32839

Mailing Address
43 E. PRINCETON ST.
ORLANDO FL 32804



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5652 Commerce DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

UNIT # 1

City & State

City & State

EDGEWOOD, FL

4. FEI Number

59-3637349

Applied For

Not Applicable

Zip

Country

Zip

Country

32839

ORANGE

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

ANDERSON, DONNIE
43 E. PRINCETON ST.
ORLANDO FL 32804

Name

DONNIE Anderson

Street Address (P.O. Box Number is Not Acceptable)

5652 Commerce DR UNIT 1

City

EDGEWOOD

FL

Zip Code

32839

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

DONNIE Anderson

3-28-02

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, 2002 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 **D** ☐ Delete
 NAME **ANDERSON, DONNIE**
 STREET ADDRESS **43 E. PRINCETON ST.**
 CITY-ST-ZIP **ORLANDO FL 32804**

TITLE **PRES / CEO** ☒ Change ☐ Addition
 NAME **DONNIE Anderson**
 STREET ADDRESS **5652 Commerce DR unit 1**
 CITY-ST-ZIP **EDGEWOOD, FL 32839**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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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)(l), 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-02

407 855 5461

Date

Daytime Phone #

CR2E034 (9/01)