

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90272 021 ***150.00

DOCUMENT # P00000043807



1. Entity Name
SOUTHEAST REGIONAL PARTS DISTRIBUTION, INC.

Principal Place of Business
**4501 107TH CIR NO., SUITE 3
CLEARWATER FL 33762**

Mailing Address
**4501 107TH CIR NO., SUITE 3
CLEARWATER FL 33762**

2. Principal Place of Business

3. Mailing Address

PO Box 661

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
ODESSA, FLORIDA

Zip

Country

Zip
33556

Country

USA

4. FEI Number **59-3643447**

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

**TESTA, PHILIP J
4726-B N LOIS AVE
TAMPA FL 33614**

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: *Philip J. Testa*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/12/03

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 **D** Delete
NAME **WRIGHT, WILLIAM G**
STREET ADDRESS **18324 JORENE RD**
CITY-ST-ZIP **ODESSA FL 33556**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **GILLIAM, CLINTON D**
STREET ADDRESS **8196 67TH ST**
CITY-ST-ZIP **PINELLAS PARK FL 33781**

TITLE **D** Change Addition
NAME **JOAN M. WRIGHT**
STREET ADDRESS **18324 JORENE RD**
CITY-ST-ZIP **ODESSA, FL. 33556**

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
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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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
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: *Philip J. Testa*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/03

Date

813-920-2773

Daytime Phone #

CR2E034 (10/02)