

# 2001 UNIFORM BUSINESS REPORT (UBR)

Amended

DOCUMENT # **P00000075002**

1. Entity Name  
**Direct Line Parts, Inc.**

Principal Place of Business  
**5260 Hiatus Rd.  
Sunrise, FL 33351**

Mailing Address  
**5260 Hiatus Rd.  
Sunrise, FL 33351**

2. Principal Place of Business  
**5290 Hiatus Rd.**

3. Mailing Address  
**5290 Hiatus Rd.**

City & State  
**Sunrise, FL**

Zip  
**33351**

City & State  
**Sunrise, FL**

Zip  
**33351**

Country  
**USA**

4. FEI Number  
**65-1037163**

Applied For  
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

FILED

01 NOV 30 PM 1:25

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

6. Name and Address of Current Registered Agent  
**Akra, Joseph P.  
5260 Hiatus Rd.  
Sunrise, FL 33351**

7. Name and Address of New Registered Agent  
Name **Steven G. Vitale**  
Street Address (P.O. Box Number is Not Acceptable)  
**401 E. Ocean Blvd.**  
City **Stuart** FL Zip Code **34994**

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  DATE **10/29/01**

(NOTE: Registered Agent signature required when reinstating)

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

TITLE **President** ☒ Delete  
NAME **Davis, James**  
STREET ADDRESS **5290 Hiatus Rd.**  
CITY-ST-ZIP **Sunrise, FL 33351**

TITLE **V.P.** ☒ Delete  
NAME **Akra, Joseph P.**  
STREET ADDRESS **5290 Hiatus Rd.**  
CITY-ST-ZIP **Sunrise, FL 33351**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Director, President** ☐ Change ☒ Addition  
NAME **Greenlee, Christopher B.**  
STREET ADDRESS **5290 Hiatus Rd.**  
CITY-ST-ZIP **Sunrise, FL 33351**

TITLE ☐ Change ☐ Addition  
NAME **300004719513**  
STREET ADDRESS **-12/11/01--01070--019**  
CITY-ST-ZIP **\*\*\*\*\*61.25 \*\*\*\*\*61.25**

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

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

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

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)(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:  **Christopher B. Greenlee** 11/29/01 954-746-5088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)