

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P00000100748

1. Entity Name

Autoparts-Central, Inc.

Principal Place of Business

Mailing Address

2250 IBIS ISLE RD
PALM BEACH FL 33480-5310

3838 TAMiami TRAIL NORTH, THIRD FLOOR
NAPLES, FLORIDA 34103

3838 TAMiami TRAIL NORTH, THIRD FLOOR
NAPLES, FLORIDA 34103

2. Principal Place of Business

2250 IBIS ISLE ROAD EAST

3. Mailing Address

TERRY LEVINE

2250 IBIS ISLE ROAD EAST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM BEACH, FLORIDA

City & State

PALM BEACH, FLORIDA

4. FEI Number

65-1081762

Applied For

Not Applicable

Zip

33480-5310

Country

FL

Zip

33480-5310

Country

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

Jennifer L. Whitelaw
Law Offices of Jennifer L. Whitelaw
3838 Tamiami Trail North, Suite 310
Naples, Florida 34103

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
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

D
TERRY LEVINE
2250 IBIS ISLE ROAD EAST
PALM BEACH, FLORIDA 33480-5310

TITLE
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STREET ADDRESS
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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:

Terry Levine
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TERRY LEVINE

4/03/01

Date

561-5823426

Daytime Phone #

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90086 001 ***150.00

04-24-2001 90086 002 *****8.75

38418

DO NOT WRITE IN THIS SPACE

CR2E034 (1/1/00)