

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

03-29-2002 90834 002 \*\*\*150.00

0542771 AV

**DOCUMENT # P01000024592**

1. Entity Name

**WORLD AUTOMOTIVE & TRUCK SUPPLY, INC.**

Principal Place of Business

9300 REGENCY PARK BLVD

PORT RICHEY, FL 34668

Mailing Address

9300 REGENCY PARK BLVD

PORT RICHEY, FL 34668

2. Principal Place of Business

8163 State Road 52

Suite, Apt. #, etc.

3. Mailing Address

8163 State Road 52

Suite, Apt. #, etc.

City & State

Hudson, FL

City & State

Hudson, FL

4. FEI Number

59-3704291

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

COONS, CATHIE

9300 REGENCY PARK BLVD

PORT RICHEY FL 34668

7. Name and Address of New Registered Agent

Name

Harold W. Graham

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

8163 State Road 52

City

Hudson

FL

Zip Code

34667

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

*Harold W. Graham*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/18/02

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

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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: x

*Harold W. Graham*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/02 727-869-0844

Date

Daytime Phone #

CR2E034 (9/01)