# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 11, 2002 8:00 am**
**Secretary of State**
03-19-2002 90033 028 ***158.75

DOCUMENT # P01D00030498

1. Entity Name: LAKEHAVEN Auto Parts INC.

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| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 1606 HAVENDALE Blvd | SAME |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Winter Haven FL. | City & State |
| Zip: 33881 Country: POLK | Zip Country |

4. FEI Number: 59-3707863 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Thomas D. Cox

Street Address (P.O. Box Number is Not Acceptable): 848 Point Seaside DR.

City: Crystal Beach FL Zip Code: 34681

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] 2.27.02

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) ☑

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 |
| NAME | Thomas D. Cox |
| STREET ADDRESS | P.O. Box 5 848 Point Seaside DR. |
| CITY-ST-ZIP | Crystal Beach FL 34681 |
| TITLE | * Secretary - Treasurer |
| NAME | Sharon Cox |
| STREET ADDRESS | PO Box 5 / 848 Point Seaside DR |
| CITY-ST-ZIP | Crystal Beach FL 34681 |
| TITLE | * Vice President |
| NAME | Thomas D. Cox II |
| STREET ADDRESS | PO Box 5 -- Point Seaside DR |
| CITY-ST-ZIP | Crystal Beach FL 34681 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Thomas D. Cox Pres. 2.27.02 (727) 784-1673

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #