FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
05-13-2002 90153 004 ***150.00

DOCUMENT # P01000064042

1. Entity Name
RELIABLE AUTO PARTS INC.
22435 STATE ROAD 46
SORRENTO, FL 32776-7703

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
22435 STATE RD 46	PO BOX 1046
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SORRENTO, FL	City & State: MOUNT DORA, FL
Zip: 32776 Country: USA	Zip: 32757 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3730538 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: REHFELDT, ROGER D.
Street Address (P.O. Box Number is Not Acceptable): 16447 E. SHIRLEY SHORES RD.
City: TAVARES FL Zip Code: 32778

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: ROGER D. REHFELDT VD
Signature, typed or printed name of registered agent and title if applicable.
(NOTE: Registered Agent signature required when reinstating)
Roger D. Rehfeldt DATE 4/24/02

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	PD
NAME	DAY, MICHAEL A.
STREET ADDRESS	23733 SUNSET DR
CITY-ST-ZIP	~~HOWEY IN THE HILLS, FL 34737~~
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	VD
NAME	REHFELDT, ROGER D.
STREET ADDRESS	16447 E. SHIRLEY SHORES RD
CITY-ST-ZIP	~~TAVARES, FL 32776~~
TITLE	ST
NAME	HAMILTON, JOSEPH P.
STREET ADDRESS	4245 DORA WOOD DR
CITY-ST-ZIP	MT. DORA, FL 32757
TITLE	
NAME	
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CITY-ST-ZIP	

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CR2E034B (12/01)

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: ROGER D. REHFELDT Roger D. Rehfeldt 4/24/02 352 383-3159
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #