

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000140624

1. Entity Name  
E-PARTS MARINE, INC.



FILED  
04 DEC -6 PM 3:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

540 WARWICK LN  
VENICE, FL 34293

Mailing Address

540 WARWICK LN  
VENICE, FL 34293

2. Principal Place of Business

2063 1ST AVE SO  
Suite, Apt. #, etc.

3. Mailing Address

281 OAKFORD RD  
Suite, Apt. #, etc.

10292004

REIN-P

CR2E098 (6/04)

04



City & State

ST PETERSBURG SARASOTA, FL

City & State

281 OAKFORD RD SARASOTA, FL

4. FEI Number

20-0436471

Applied For

Not Applicable

Zip

33712

Country

FLORIDA

Zip

34240

Country

SARASOTA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILKINSON, G. BARRY  
696 1 AVE NORTH STE 201  
ST PETERSBURG, FL 33701

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME ITEL, ALEXANDER M  
STREET ADDRESS 9018 1 ST NE  
CITY-ST-ZIP ST PETERSBURG, FL 33792

TITLE D ☐ Delete  
NAME HORNE, JAMES F  
STREET ADDRESS 540 WARWICK LN  
CITY-ST-ZIP VENICE, FL 34293

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME 600042605476  
STREET ADDRESS 11/09/04--01065--012 \*\*\*150.00  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME 281 OAKFORD ROAD  
STREET ADDRESS SARASOTA, FL 34240  
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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Alexander M. Itel

727 894 5900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #