

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000064143

1. Entity Name

KINGSMEN AUTO PARTS AND REPAIR, INC.

Principal Place of Business

3691K S.R. 580 W.
OLDSMAR FL 34677

Mailing Address

3691K S.R. 580 W.
OLDSMAR FL 34677

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3201132

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VANCE, GEORGETTE
2666 SPYGLASS DR.
CLEARWATER FL 34621

7. Name and Address of New Registered Agent

Name GEORGE REISOPOULOS

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

2686 BEAUMONT CT.

City

CLEARWATER 33761

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.

33761

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

GEORGE REISOPOULOS, Pres.

X 4/20/01

(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

TITLE
NAME ST
STREET ADDRESS VANCE, GOERGETTE
CITY-ST-ZIP 2686 BEAUMONT CT
CLEARWATER FL 34621 ☐ Delete

TITLE
NAME VP
STREET ADDRESS REISOPOULOS, GEORGE
CITY-ST-ZIP 2686 BEAUMONT CT
CLEARWATER FL 34621 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
33761

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
33761

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

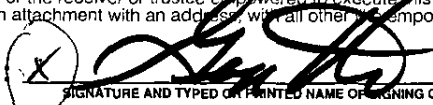
TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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 information.

SIGNATURE



GEORGE REISOPOULOS

Date

X 4/20/01

Daytime Phone #

CR2E034 (10/00)

0630035

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90316 032 ***150.00



DO NOT WRITE IN THIS SPACE