

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000085030

1. Entity Name

TRI COUNTY AUTO PARTS, INC.

**FILED**  
**Apr 13, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90036 004 \*\*\*150.00

Principal Place of Business

~~4359~~  
4301 PETERS RD  
PLANTATION FL 33317-4542

Mailing Address

~~4359~~  
4301 PETERS RD  
PLANTATION FL 33317-4542

2. Principal Place of Business

4359 PETERS RD

Suite, Apt. #, etc.

3. Mailing Address

4359 PETERS RD

Suite, Apt. #, etc.

City & State

PLANTATION FL

Zip

33317

Country

STOWAN

City & State

PLANTATION FL

Zip

33317

Country

STOWAN

4. FEI Number

65-0459793

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GRUSKIN, MARC

~~4359~~ 4301 PETERS RD  
PLANTATION FL 33317

7. Name and Address of New Registered Agent

Name

MARC GRUSKIN

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

4359 PETERS RD

City

PLANTATION FL 33317

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/00

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, 2000 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 PD  
NAME GRUSKIN, MARC  
STREET ADDRESS ~~4301~~ 4359 PETERS RD  
CITY-ST-ZIP PLANTATION FL

☐ Delete

TITLE DST  
NAME GRUSKIN, JOAN  
STREET ADDRESS ~~4301~~ 4359 PETERS RD  
CITY-ST-ZIP PLANTATION FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
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 like empowered.

SIGNATURE:

MARC GRUSKIN

454-792-7060

Daytime Phone #

CR2E034 (9/99)