## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT #

P94000055846

1. Entity Name

AUTOMOTIVE PARTS EXPRESS WAREHOUSE INC.

STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  TITLE CHange Addition NAME STREET ADDRESS CITY-ST-ZIP							100							
Suite, Apt. 4, etc.  Suite, Apt. 4, etc.  City & State  Country  Country  Country  S. Certificate of Status Desired  S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  William  MILWICK, MARK D  3370 NW 16TH STREET  LAUDERHILL FL 33311  City  FL Zip Code  S. The above named entity supretts 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 octigations of registered agent.  SIGNATURE  Signature, traded or primers rame of registered agent and title it applicable.  PARTE Registered April agreement registered when remarked inventors requiring agent or requiring agent or requiring agent or requiring agent or remarked in the contribution.  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  Delete  ITLE  MARK  MARK  Delete  TITLE  Delete  TI	3668-70 NW 1	6 ST.	· · · · · · · · · · · · · · · · · · ·	3668-70	3668-70 NW 16 ST.				20015320					
Suite, Apt. 4, etc.    Suite, Apt. 4, etc.								ļ						
City & State  Country  Country  S. Certificate of Status Desired  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  MILWICK, MARK D  3670 NW 16TH STREET  LAUDERHILL FL 33311  City  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent.  Signature  Signature is primed name of registered agent.  PATE Registered Agent signature realized when removaring)  Make Check Payable to Florida Department of State  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N1.1  TILE  NAME  SIRET ADDRESS  OIT ST-2P  MILWICK, MARK D  2171 WOODSET WAY  Delete  TILE  NAME  SIRET ADDRESS  CITY-ST-2P  City-ST-2P  Country  5. Certificate of Status Desired  7. Name and Address of New Registered Agent  7. Name and Address of New	2. Principal P	Place of Busin	ess	3. Mailing Address							<b>                                    </b>		BHOLD DIN HODA	
Zip Country S. Certificate of Status Desired S8.75 Additional Feb Required  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Peb Required  8. Name Name Name Name Name Name Name Name	Suite, Apt.	#, etc.		Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES					
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name    Name	City & State			City 8	City & State				4. FEI Number 65-0522921					
MILWICK, MARK D 3670 NW 16TH STREET LAUDERHILL FL 33311  City  FL  Zip Code  6. 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  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  MAME  MILWICK, MARK D 2171 WODDSET WAY  BOCA RATON FL 33428  CITY-S1-ZP  TITLE  MAME  STREET ADDRESS  CITY-S1-ZP  TITLE  MAME  STREET A	Zip	ip Country			Zip Coun									
MILWICK, MARK D 3670 NW 16TH STREET LAUDERHILL FL 33311  City  FL  Zip Code  City  Addison  Code  City  FL  Zip Code  City  FL  Zip Code  City  Addison  Code  City  FL  Zip Code  City  Addison  Code  City  FL  Zip Code  City  Addison  Code  City  FL  Zip Code  City  City  City  FL  Zip Code  City  City  City  FL  Zip Code  City  City  City  City  City  City  City  City  FL  Zip Code  City  Cit	6. Name and Address of Current Regist				istered Agent				7. Name and Address of New Registered Agent					
Street ADDRESS CITY-ST-ZIP  ST								Name						
LAUDERHILL FL 33311  City  City  FL  Zip Code  6. 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, hyaed or present name of registered agent and take 4 applicable.  PILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  MILWICK, MARK D  Delete  TITLE  Delete  TITLE  Delete  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  Delete  TITLE  Delete  TITLE  Delete  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  Delete  T							Street Address (P.O. Box Number is Not Acceptable)							
8. The above named entity submits this statement for the purpose of changing its 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 site if applicable. (NOTE: Registered Agent signature required when remistating)    FILE NOW!!! FEE IS \$150.00														
SIGNATURE   Signature, typed or printed name of registered agent and table if applicable. (NOTE: Registered Agent signature required when reinstating)   DATE							City				FL	Zip Cod	de	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TITLE NAME NAME SIREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE T				or the purpo	se of changing its	register	ed office or	registere	d agen	nt, or both, in the State o	f Florida. I am	familiar with	, and accept	
After May 1, 2003 Fee will be \$55.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITITLE P	SIGNATURE .	Signature, typed	or printed name of registered agen	t and title if applic	able. (NOTE	: Registere	d Agent signatur	e required w	hen reins	stating)	DATE			
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE P	After May 1, 2003 Fee will be \$550.00									, -				
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CITY-ST-ZIP  BOCA RATON FL 33428  CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME	MILWICK,	MARK D	, <u>D</u>		TITLE	E		7.001	11010701111102010	<u> </u>			
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP														
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TITLE Delete TITLE Change Addition	CITY-ST-ZIP			<del>_</del>										
NAME NAME					☐ Delete	NAMI	E					☐ Change	☐ Addition	

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

• ☐ Change

☐ Addition

Jan 21, 2003 8:00 am Secretary of State

01-21-2003 90175 030 \*\*\*150.00