

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000036633

1. Entity Name

OLD 41 USED AUTO PARTS, INC.

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90020 009 ***150.00

Principal Place of Business

Mailing Address

6330 JENSEN RD.
TAMPA FL 33619

6330 JENSEN RD.
TAMPA FL 33619-8747

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
3120 S. 50th St.
City & State
Tampa, FL
Zip
33619-6050

Suite, Apt. #, etc.
9208 Sunny Oak Dr.
City & State
Riverview, FL
Zip
33569



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3314520

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANCHEZ, MARTIN
6330 JENSEN RD.
TAMPA FL 33619

Name Sanchez, Martin
Street Address (P.O. Box Number is Not Acceptable)
9208 Sunny Oak Dr.
City Riverview FL Zip Code 33569

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

(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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	SANCHEZ, MARTIN	
STREET ADDRESS	6330 JENSEN RD.	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SANCHEZ, ALBA	
STREET ADDRESS	6330 JENSEN RD.	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 and an address with or other like empowered.

SIGNATURE:

Martin Sanchez
President

Date

Daytime Phone #

01/20/00 242-4055

CR2E034 (9/99)