

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90133 044 \*\*\*158.75

**DOCUMENT # P95000046622**

1. Entity Name

**AUTO PARTS WAREHOUSE, INC.**

Principal Place of Business

**1102 N ROME AVE  
TAMPA FL 33607  
US**

Mailing Address

**1102 N ROME AVE  
TAMPA FL 33607  
US**

2. Principal Place of Business

**7304 EGYPT LAKE DR**

Suite, Apt. #, etc.

3. Mailing Address

**7304 EGYPT LAKE DR**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City &amp; State

**TAMPA FL**

City &amp; State

**TAMPA FL**4. FEI Number **59-3321403**

Applied For

Not Applicable

Zip

Country

**33612 USA**

Zip

Country

**33612 USA**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

Name

**AYERS, ALVIN  
7304 EGYPT LAKE DR  
TAMPA FL**

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.

SIGNATURE

Signature, 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
PD	AYERS, ALVIN SR	7304 EGYPT LAKE DR	TAMPA FL 33614	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
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				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)