

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000078524

1. Entity Name

AUTO PARTS OF ST. CLOUD, INC.

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90047 042 ***550.00

Principal Place of Business

1114 PENNSYLVANIA AVE
 ST CLOUD FL 34769

Mailing Address

1114 PENNSYLVANIA AVE
 ST CLOUD FL 34769

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1617277

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LARSON, LEON F
 1114 PENNSYLVANIA AVE
 ST CLOUD FL 34769

7. Name and Address of New Registered Agent

Name

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 P
 NAME LARSON, LEON F
 STREET ADDRESS 1114 PENNSYLVANIA AVE
 CITY-ST-ZIP ST CLOUD FL 34769 ☐ Delete

TITLE V
 NAME WHITE, RALPH
 STREET ADDRESS 224 TOCOMA DR
 CITY-ST-ZIP PALM BEACH FL 33404 ☐ Delete

TITLE S
 NAME WHITE, LEON E
 STREET ADDRESS 4949 RED BAY DR
 CITY-ST-ZIP ORLANDO FL 32829 ☒ Delete

TITLE T
 NAME COFFMAN, JAMES L
 STREET ADDRESS 107 EQUESTRIAN DR
 CITY-ST-ZIP STEPHENS CITY VA 22655 ☐ Delete

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE V
 NAME RALPH WHITE
 STREET ADDRESS 253 STRATHMORE CIR
 CITY-ST-ZIP KISSIMMEE FLA. 34744 ☒ Change ☐ Addition

TITLE S
 NAME JAMES L. COFFMAN
 STREET ADDRESS 107 EQUESTRIAN DR.
 CITY-ST-ZIP STEPHENS CITY VA. 22655 ☒ Change ☐ Addition

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

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

TITLE ☐ Change ☐ 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 with an address, with all other like empowered.

SIGNATURE: *Leon F. Larson* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/2000

(407) 892-5151

CR2E034 (5/00)