

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000027906

1. Entity Name

ALL PARTS, INC.

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90101 019 \*\*\*150.00

Principal Place of Business

Mailing Address

21971 US HIGHWAY 19 NORTH  
SUITE 311  
CLEARWATER FL 34625  
US

21971 US HIGHWAY 19 NORTH  
SUITE 311  
CLEARWATER FL 33765-2360  
US

2. Principal Place of Business

3. Mailing Address

2114 DREW STREET

2114 DREW STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE G

SUITE G

City & State

City & State

CLEARWATER

CLEARWATER

Zip

Country

33765

USA

33765

USA

4. FEI Number

59-3367016

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

ANDREW H YAUCH  
21971 US HIGHWAY 19 NORTH  
SUITE 311  
CLEARWATER FL 34625

Name

ANDREW H. YAUCH

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

2114 DREW STREET

UNIT G

City

CLEARWATER

FL

Zip Code

33765

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, 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	D	<input type="checkbox"/> Delete
NAME	ANDREW H YAUCH	
STREET ADDRESS	21971 US HIGHWAY 19 NORTH	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	CEOP	<input type="checkbox"/> Delete
NAME	KHALIEL AHMED HASSIM	
STREET ADDRESS	7966 CAPRICORN AVE, EXT 9	
CITY-ST-ZIP	LENASIA SO	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREW H YAUCH	
STREET ADDRESS	2114 DREW STREET, UNIT G	
CITY-ST-ZIP	CLEARWATER, FLORIDA 33765	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 with an address, with all other like empowered.

SIGNATURE:

*Signature of Andrew H. Yauch*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/12/00  
Date

727 441 5060  
Daytime Phone #

CR2E034 (9/99)