

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000082025

1. Entity Name

PAST & PRESENT AUTOMOTIVE PARTS CO.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90176 026 ***150.00

Principal Place of Business

Mailing Address

2480 E BAY DRIVE
SUITE E27
LARGO FL 33771

2480 E BAY DRIVE
SUITE E27
LARGO FL 33771-2442

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3409184**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

BRUNO, MICHAEL L
600 BYPASS DRIVE
SUITE 115
CLEARWATER FL 34624

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 \$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

TITLE	P	<input type="checkbox"/> Delete
NAME	BRAUN, CLAIRE	
STREET ADDRESS	2480 E BAY DRIVE	
CITY-ST-ZIP	LARGO FL 33771	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BRAUN, JOHN	
STREET ADDRESS	2480 E BAY DRIVE	
CITY-ST-ZIP	LARGO FL 33771	
TITLE	T	<input type="checkbox"/> Delete
NAME	BRAUN, JOHN	
STREET ADDRESS	2480 E BAY DRIVE	
CITY-ST-ZIP	LARGO FL 33771	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1670 PINEWOOD DR.	
CITY-ST-ZIP	CLEARWATER, FL. 33754	
TITLE	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1670 PINEWOOD DR.	
CITY-ST-ZIP	CLEARWATER FL. 33754	
TITLE	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1670 PINEWOOD DR.	
CITY-ST-ZIP	CLEARWATER, FL. 33754	
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: John C. Braun John C. BRAUN

4-28-00

Date

Daytime Phone #

CR2E034 (9/99)