

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000096335

1. Entity Name  
**LEGENDS AUTO PARTS, PAINTS & ACCESSORIES, INC.**

**FILED**  
**Apr 16, 2001 8:00 am**  
**Secretary of State**

04-16-2001 90253 013 \*\*\*150.00

Principal Place of Business

6120 GEORGIA AVE  
WEST PALM BEACH FL 33406  
US

Mailing Address

6120 GEORGIA AVE  
UNIT 1  
WEST PALM BEACH FL 33406  
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

**6120 GEORGIA AVE**

Suite, Apt. #, etc.

City & State

**WEST PALM BCH, FL.**

City & State

**WEST PALM BCH, FL.**

Zip

Country

**33405**

Zip

Country

**33405**

4. FEI Number

**65-0711191**

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

**CASELLA, VINCENT**  
**6120 GEORGIA AVE**  
**WEST PALM BEACH FL 33406**

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 *Vincent Casella* (NOTE: Registered Agent signature required when reinstating) DATE 4/4/01

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 ☐ Delete  
NAME **P**  
STREET ADDRESS **CASELLA, VINCENT**  
CITY-ST-ZIP **6697 FLORIDA DR**  
**LANTANA FL 33462**

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

TITLE ☐ Delete  
NAME **V**  
STREET ADDRESS **CASELLA, MIKE**  
CITY-ST-ZIP **820 N 8TH ST UNIT #1**  
**LANTANA FL 33462**

TITLE ☒ Change ☐ Addition  
NAME **CASELLA, MIKE**  
STREET ADDRESS **6120 GEORGIA AVE**  
CITY-ST-ZIP **WEST PALM BCH, FL. 33405**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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: *Vincent Casella*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/01 561-582-7113  
Date Daytime Phone #

CR2E034 (10/00)