

2000 UNIFORM BUSINESS REPORT (UBR)

0030065

DOCUMENT # P97000031402

1. Entity Name
A-PLUS AUTOMOTIVE INC.

FILED

00 MAY 23 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **N BRIGHTON DRIVE ORANGE FL 32127**
Mailing Address: **235 N BRIGHTON DRIVE PORT ORANGE FL 32127-5908**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number **59-3440219**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**MILLAR, ROBERT J
235 N BRIGHTON DRIVE
PORT ORANGE FL 32127**

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 \$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 PVST	<input type="checkbox"/> Delete	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MILLAR, ROBERT J		NAME Millar, Robert J	
STREET ADDRESS 235 N BRIGHTON DR		STREET ADDRESS 235 N Brighton Dr	
CITY-ST-ZIP PT ORANGE FL 32127		CITY-ST-ZIP Pt Orange Fl 32127	
TITLE 	<input type="checkbox"/> Delete	TITLE V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME 		NAME Millar, Michael	
STREET ADDRESS 		STREET ADDRESS 235 N Brighton Dr	
CITY-ST-ZIP 		CITY-ST-ZIP Pt Orange Fl 32127	
TITLE 	<input type="checkbox"/> Delete	TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME 		NAME Millar, Julie	
STREET ADDRESS 		STREET ADDRESS 235 N Brighton Dr	
CITY-ST-ZIP 		CITY-ST-ZIP Pt Orange Fl 32127	
TITLE 	<input type="checkbox"/> Delete	TITLE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME 		NAME Millar, Diane	
STREET ADDRESS 		STREET ADDRESS 235 N Brighton Dr	
CITY-ST-ZIP 		CITY-ST-ZIP Pt Orange Fl 32127	
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	

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****150.00LS****150.00

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: *Robert Millar* **Robert Millar** 4/30/00 904-761-5826
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)