


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 05, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000089393**

1. Entity Name  
**UNIVERSITY AUTO PARTS, INC.**



Principal Place of Business  
**709 MASSACHUSETTS AVE.  
PENSACOLA, FL 32505**

Mailing Address  
**709 MASSACHUSETTS AVE.  
PENSACOLA, FL 32505**

**DO NOT WRITE IN THIS SPACE**



03302004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3476757**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MINCHEW, BOBBY  
709 MASSACHUSETTS AVE.  
PENSACOLA, FL 32505**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINCHEW, BOBBY 709 MASSACHUSETTS AVE. PENSACOLA, FL 32505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINCHEW, BRYAN 709 MASSACHUSETTS AVE. PENSACOLA, FL 32505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINCHEW, LYNDA 709 MASSACHUSETTS AVE. PENSACOLA, FL 32505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000102753  
04/05/04-80028-020 150.00

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Bobby Minchew* **BOBBY P. MINCHEW** 3/31/04 850-435-2983

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #