


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 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



01072005 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**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

U00000190393
01/24/05-80133-016 150.00

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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:  **1-7-05 435-2983**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #