

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90055 041 ***150.00

DOCUMENT # P97000089393

1. Entity Name
UNIVERSITY AUTO PARTS, INC.



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

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



03272007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent

MINCHEW, BOBBY
709 MASSACHUSETTS AVE.
PENSACOLA, FL 32505

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. 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, 2007 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	<input type="checkbox"/> Delete
NAME	MINCHEW, BOBBY	
STREET ADDRESS	709 MASSACHUSETTS AVE.	
CITY-ST-ZIP	PENSACOLA, FL 32505	
TITLE	D	<input type="checkbox"/> Delete
NAME	MINCHEW, BRYAN	
STREET ADDRESS	709 MASSACHUSETTS AVE.	
CITY-ST-ZIP	PENSACOLA, FL 32505	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MINCHEW, LYNDA	
STREET ADDRESS	709 MASSACHUSETTS AVE.	
CITY-ST-ZIP	PENSACOLA, FL 32505	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/07 *850-435-2983*
 Date Daytime Phone #