

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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FILED

02 SEP 30 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-10/11/02--01027--022
****150.00 ****150.00

DOCUMENT # **997000405679**

1. Entity Name

NASS PARTS AND SERVICE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1108 WOODS AVE

3. Mailing Address
1108 WOODS AVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
ORLANDO, FL

City & State
ORLANDO, FL

4. FEI Number 59-3482819

Applied For
Not Applicable

Zip 32805-3893 Country

Zip 32805-3893 Country

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name SEIFERT, LEWIS

Street Address (P.O. Box Number is Not Acceptable)

1108 WOODS AVE.

City ORLANDO, FL FL Zip Code 32805-3893

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME D
STREET ADDRESS WALTER, THOMAS R.
CITY-ST-ZIP 4127 GREENFERN DR.
ORLANDO FL 32810

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME D
STREET ADDRESS SEIFERT, LEWIS
CITY-ST-ZIP 4029 COOLWATER COURT
WINTER PARK FL 32792

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas R. Walter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sept 25, 2002

407-425-2681

CR2E034B (12/01)



PARTS & SERVICE, INC.

serving the foodservice industry since 1949

page 2 of 2

September 25, 2002

Division of Corporations
Uniform Business Report Filings
409 E Gaines Street
Tallahassee, FL 32399

To Whom It May Concern:

It has come to my attention that we have not received a copy of our 2002 Uniform Business Report. We placed a phone call to your office and they advised us to print a copy from your internet site.

Please accept our payment of \$150.00 and forgive any late fees, as we have always filed the reports in a timely manner.

Thank you,

Thomas R. Walter
President