2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 14, 2002 8:00 am Secretary of State **DOCUMENT #** P97000109059 1. Entity Name TALLAHASSEE AUTO PARTS, INC. 05-14-2002 90296 014 ***150 00 Principal Place of Business Mailing Address 2409 SPRINGHILL RD 2409 SPRINGHILL RD TALLAHASSEE FL 32310 TALLAHASSEE FL 32310 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2847613 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MOORE, ALLAN R Street Address (P.O. Box Number is Not Acceptable) 2409 SPRINGHILL RD TALLAHASSEE FL 32310 City Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition MOORE, ALLAN R NAME NAME STREET ADDRESS 2409 SPRINGHILL RD STREET ADDRESS CITY-ST-ZIP **TALL FL 32310** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME MOORE, ROBIN NAME STREET ADDRESS 2409 SPRINGHILL RD STREET ADDRESS CITY-ST-7IP TALL FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME MILLER. ETHEL NAME STREET ADDRESS 2409 SPRINGHILL RD STREET ADDRESS CITY-ST-7IP TALL FL CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition

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 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

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP