

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000074254

1. Entity Name  
FROSTPROOF AUTO PARTS, INC.

FILED  
May 02, 2002 8:00 am  
Secretary of State

05-02-2002 90144 001 \*\*\*150.00



Principal Place of Business  
35 DEVANE STREET  
FROSTPROOF FL 33843  
US

Mailing Address  
1046 TOWER BLVD.  
LAKE WALES FL 33853  
US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip .. Country

Zip

Country

4. FEI Number 59-3529307 Applied For  
Not Applicable

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

7. Name and Address of New Registered Agent

6. Name and Address of Current Registered Agent

KENSINGER, HAROLD W  
35 DEVANE STREET  
FROSTPROOF FL 33843

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.

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)

FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 Fee will be \$550.00  
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

## 12.

### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change  Addition

TITLE DP  
NAME KENSINGER, HAROLD W  
STREET ADDRESS 1046 TOWER BLVD.  
CITY-ST-ZIP LAKE WALES FL 33853

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE DVP  
NAME KENSINGER, JOHN W  
STREET ADDRESS 4221 POLEY LANE  
CITY-ST-ZIP LAKELAND FL 33811

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE DST  
NAME KENSINGER, ANNETTE R  
STREET ADDRESS 1046 TOWER BLVD.  
CITY-ST-ZIP LAKE WALES FL 33853

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 or 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 with an address, with all other like empowered.

SIGNATURE: *Harold W. Kensinger*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harold W. Kensinger 04/19/02 (863)635-3805

Date

Daytime Phone #