2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 27, 2000 8:00 am DOCÚMENT # **P98000084336 Secretary of State** TOMOKA AUTO PARTS, INC. 01-27-2000 90032 001 ***150.00 Mailing Address Principal Place of Business = LPGA BLVD 542 LPGA BLVD HOLLY HILL FL 32175-2635 Y HILL FL 32117 707700 2. Principal Place of Business 3. Mailing Address 253 Hwy 17 P.O. BOX North <u>26</u>35 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State Palatka 4. FEI Number 59-3476158 FL Beach FL Ormond Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 32175-2635 USA USA Fee Required_ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BAILEY & TRUMBO, P.A. Street Address (P.O. Box Number is Not Acceptable) 340 N CAUSEWAY **NEW SMYRNA BEACH FL 32168** City 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. DATE (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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD Change ☐ Addition ☐ Delete TITLE CINELLI, JAMES-V-NAME P.O. BOX 2635 STREET ADDRESS 542 LPGA BLVD --STREET ADDRESS CITY-ST-ZIP HOLLY HILL FL 32117 CITY-ST-ZIP Beach, FL 3 2175 ۷D Change Addition ☐ Delete TITLE TITLE CINELLI, JOHN JR. NAME NAME STREET ADDRESS 542 LPGA BLVD -STREET ADDRESS 2635 P.O. BOX CITY-ST-ZIP HOLLY HILL FL-32117 TSD ☐ Addition ☐ Delete TITLE TITLE CINELLI, JOHN SR. NAME NAME P.O. BOX 2635 STREET ADDRESS 542 LPGA BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLY HILL FL 32117 ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 by 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 one fife empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-00 904-824-637

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