

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000103077

1. Entity Name

A 1 A AUTO SUPPLY CO., INC.

Principal Place of Business

11250 S.E. FEDERAL HIGHWAY
HOBE SOUND FL 33455

Mailing Address

P.O. BOX 8466
HOBE SOUND FL 33475-8466

2. Principal Place of Business

358 Cypress Dr

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tegusta FL

City & State

Tegusta FL

4. FEI Number

65-0885495

Applied For

Not Applicable

Zip

33469

Country

USA

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEMASTER, MARK
11250 S.E. FEDERAL HIGHWAY
HOBE SOUND FL 33455

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.

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, 2000 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

TITLE D
NAME LEMASTER, MARK
STREET ADDRESS 11250 S.E. FEDERAL HIGHWAY
CITY-ST-ZIP HOBE SOUND FL 33455

☐ Delete

TITLE D
NAME LEMASTER, STAN
STREET ADDRESS POST OFFICE BOX 8454
CITY-ST-ZIP HOBE SOUND FL 33475-8454

☐ Delete

TITLE D
NAME LEMASTER, FRED
STREET ADDRESS POST OFFICE BOX 8454
CITY-ST-ZIP HOBE SOUND FL 33475-8454

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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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:

Signature of Mark Lemaster
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90100 029 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)