

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90097 050 ***150.00

0428112 AV

DOCUMENT # P98000103077

1. Entity Name
A 1 A AUTO SUPPLY CO., INC.



Principal Place of Business
**358 CYPRESS DR
TEQUESTA FL 33469
US**

Mailing Address
**P.O. BOX 8466
HOBE SOUND FL 33475**

11008851



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

Zip Country

Zip Country

4. FEI Number **65-0885495**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**LEMASTER, ROBERT S
14105 S.E. KITCHEN CREEK RD.
HOBE SOUND FL 33455**

7. Name and Address of New Registered Agent

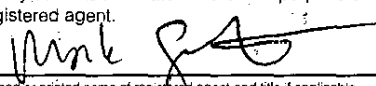
Name **Mark Lemaster**

Street Address (P.O. Box Number is Not Acceptable)
8629 SE Woodwind St

Hobe Sound

City **FL** Zip Code **33455**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **4 20 03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

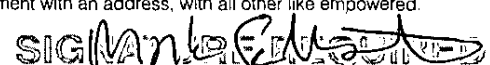
10. OFFICERS AND DIRECTORS

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSD LEMASTER, ROBERT S 14105 S.E. KITCHEN CREEK RD. HOBE SOUND FL 33455 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD LEMASTER, JAMES F 576 S.W. 34TH TERRACE PALM CITY FL 34990 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD CLARK, CHUCK 901 S.W. MARTIN DOWNS BLVD. PALM CITY FL 34990 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V SEVERSON, ANDY 2174 S.E. STARGRASS ST. PORT SAINT LUCIE FL 34984 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MARK LEMASTER PRES 8629 SE WOODWIND ST HOBE SOUND FL 33455 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SECRETARY NANCY LEMASTER 8629 SE WOODWIND ST HOBE SOUND FL 33455 | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **MARK LEMASTER** DATE **4 20 03** DAYTIME PHONE # **772 546 4404**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E084 (10/02)