FILED
May 02, 2002 8:00 am
Secretary of State
05-02-2002 90157 019 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000078248

1. Entity Name
Reds Auto Parts & Machine Shop Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3417 E 7th Ave	PO Box 152
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa FL	City & State: Dover FL
Zip: 33605 Country: USA	Zip: 33527 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3593645 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Vicki Duncan

Street Address (P.O. Box Number is Not Acceptable): 3417 E 7th Ave

City: Dover FL Zip Code: 33527

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 _____ DATE
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 Tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	P
NAME	Vicki Duncan
STREET ADDRESS	3417 E 7th Ave
CITY-ST-ZIP	Dover FL 33527
TITLE	ST
NAME	Michael Woolsey
STREET ADDRESS	6819 Donald Ave
CITY-ST-ZIP	Tampa FL 33614
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Vicki Duncan Vicki Duncan 4/18/02 813-247-1845
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #