

**2000 UNIFORM BUSINESS REPORT (UBR)**

5/3/00-9

**FILED**  
**Jun 06, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90061 005 \*\*\*150.00

DOCUMENT # **P99000079150**

1. Entity Name  
**J & D USED AUTO PARTS, INC.**

Principal Place of Business 17105 E. HWY. 50 ORLANDO FL 32820	Mailing Address 17105 E. HWY. 50 ORLANDO FL 32820-2204
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number **59-3646328** Applied For  Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HORTON, NORMAN C SR.**  
 17105 E. HWY. 50  
 ORLANDO FL 32820

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b>
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] DATE [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.

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	HORTON, NORMAN C SR.		
STREET ADDRESS	2525 COACHBRIDGE CT.		
CITY-ST-ZIP	OVIEDO FL 32766		
D	HORTON, THOMAS N		
STREET ADDRESS	980 DINERO DR.		
CITY-ST-ZIP	WINTER SPRINGS FL 32708		

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] Date 4-18-2000 Daytime Phone # 407-568-2131

CR2E034 (8/99)