


ORIGINAL

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 06, 2004 08:00 AM
Secretary of State

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| DOCUMENT # P99000108894 1. Entity Name BOCA RATON AUTO PARTS, INC. |  |
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| Principal Place of Business 4222 N.E. 5TH AVENUE FORT LAUDERDALE, FL 33334 | Mailing Address 4222 N.E. 5TH AVENUE FORT LAUDERDALE, FL 33334 |
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02282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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|-----------------------------|-------------------------------|
| 4. FEI Number 65-0968919 | Applied For Not Applicable |
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TURNER, ART
4222 N.E. 5TH AVENUE
FORT LAUDERDALE, FL 33334

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IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

000000079098
03/08/04-80053-002 150.00

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TURNER, ART 4222 N.E. 5TH AVENUE FORT LAUDERDALE, FL 33334 |
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-3-04