

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 03, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # S24331**1. Entity Name  
TOP QUALITY PARTIALS, INC.**Principal Place of Business**175 SEMORAN COMMERCE PLACE  
SUITE D  
APOPKA FL  
32703**Mailing Address**175 SEMORAN COMMERCE PLACE  
SUITE D  
APOPKA FL  
327032. Principal Place of Business  
175 SEMORAN COMMERCE PLACE3. Mailing Address  
175 SEMORAN COMMERCE PLACESuite, Apt. #, etc.  
SUITE DSuite, Apt. #, etc.  
SUITE DCity & State  
APOPKA FLCity & State  
APOPKA FLZip Country  
32703Zip Country  
327034. FEI Number  
**59-3053977**Applied For  
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**HIGGINS, JAMES S.  
1505 WAR ADMIRAL DRIVEDELAND FL  
32724 US**7. Name and Address of New Registered Agent**

Name

HIGGINS JAMES SP

Street Address (P.O. Box Number is Not Acceptable)  
175 SEMORAN COMMERCE PLACE

SUITE D

City  
APOPKA

FL

Zip Code  
32703

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 **JAMES S. HIGGINS****01/03/2001**

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, 2001 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 ST ☐ Delete  
NAME HIGGINS, CINDY  
STREET ADDRESS 1505 WAR ADMIRAL DRIVE  
CITY-ST-ZIP DELAND FLTITLE P ☐ Delete  
NAME HIGGINS, JAMES S.  
STREET ADDRESS 1505 WAR ADMIRAL DRIVE  
CITY-ST-ZIP DELAND FLTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ST ☒ Change ☐ Addition  
NAME HIGGINS CINDY ST  
STREET ADDRESS 175 SEMORAN COMMERCE PLACE, SUITE D  
CITY-ST-ZIP APOPKA FL 32703TITLE P ☒ Change ☐ Addition  
NAME HIGGINS JAMES SP  
STREET ADDRESS 175 SEMORAN COMMERCE PLACE, SUITE D  
CITY-ST-ZIP APOPKA FL 32703TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: JAMES S. HIGGINS**

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01/03/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)