

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # V58718

1. Entity Name
ATCO PARTS, INC.



FILED

04 AUG 30 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
POST OFFICE BOX 2412
LAKE LAND, FL 33806-2412 US

Mailing Address
POST OFFICE BOX 2412
LAKE LAND, FL 33806-2412 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08252004

Chg-P

CR2E034 (10/03)

4. FEI Number
59-3138787

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GROCOCK, J B P.A.
205 E CENTRAL BLVD
SUITE 500
ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name
The Business Law Group
Street Address (P.O. Box Number is Not Acceptable)
255 S. Orange Avenue
Suite 1201
City
Orlando
FL
32801

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.

The Business Law Group

SIGNATURE BY: J. Bennett Grocock, Pres. 8/25/04
Signature, typed or printed name of registered agent and title applicable (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PRES
NAME WEXLER, ALAN
STREET ADDRESS 4787 PALERMO CT. NE
CITY-ST-ZIP SAINT PETERSBURG, FL 33703

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRES
NAME Wexler, Alan
STREET ADDRESS 309 Patten Heights Street
CITY-ST-ZIP Lakeland, FL 33803

TITLE VP
NAME May, Douglas Scott
STREET ADDRESS 15824 Sausalito Circle
CITY-ST-ZIP Clermont, FL 34711

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Alan Wexler Pres. 8/27/04 863-603-9595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #