

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90102 004 \*\*\*150.00

**DOCUMENT # V59529**

1. Entity Name

**UNIVERSAL TRUCK PARTS & SALES INC.**

Principal Place of Business

Mailing Address

4171 L. B. MCLEOD RD.  
 ORLANDO FL 32811

4171 L. B. MCLEOD RD.  
 ORLANDO FL 32811-5614

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3139526**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIS, LEON F., JR.**  
**8134 OAKLAND PLACE**  
**ORLANDO FL 32819**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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, 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, 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	DCP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIS, LEON F., JR.	NAME	
STREET ADDRESS	8134 OAKLAND PLACE	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, KAREN M.	NAME	
STREET ADDRESS	8134 OAKLAND PLACE	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	CITY-ST-ZIP	
TITLE	Director/Treasurer <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COAD, PHILIP M.	NAME	
STREET ADDRESS	1695 Grange Circle	STREET ADDRESS	
CITY-ST-ZIP	Longwood, Fl. 32750-3324	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. I hereby certify that the information applied 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:

**PHILIP M. COAD, DIRECTOR/TREASURER**

Date

Daytime Phone #

4/26/00

407-841-8929



DO NOT WRITE IN THIS SPACE