

DOCUMENT # P99000013785  
 1. Entity Name  
**A-1 AUTOMOTIVE SPEED PARTS, INC.**

5/1

**FILED**  
**Jun 08, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90019 028 \*\*\*150.00

Principal Place of Business Mailing Address  
**1809 S. ORANGE AVE**  
**ORLANDO, FLORIDA 32806**

2. Principal Place of Business 3. Mailing Address  
**1809 S. ORANGE AVE**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**ORLANDO, FL 32806**  
 Zip Country Zip Country  
**32806 ORANGE 32806 US**

4. FEI Number Applied For  
**591867299** 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  
**WILLIAM DIETZ**  
**25 S. MAGNOLIA AVE**  
**ORLANDO, FLORIDA**

7. Name and Address of New Registered Agent  
 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 fee 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**  
**IF MAY 2000 Fee will be \$50.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>JAMES N PERRY JR.</b> <b>10722 BOCK RD</b> <b>ORLANDO, FLORIDA 32817</b>	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Additions <b>D</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V. PRESIDENT</b> <b>Robert H GENTRY II</b> <b>5745 OAK HOLLOW LN</b> <b>OVIEDO, FL 32765</b>	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Additions <b>D</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 

**Robert H GENTRY II** V.P. 4/30/00 407-422-6168  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #