

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90952 038 \*\*\*150.00

0426678 AV

DOCUMENT # **F01000003298**

1. Entity Name  
**PARTSBASE, INC.**



Principal Place of Business  
**905 CLINT MOORE ROAD  
BOCA RATON FL 33487**

Mailing Address  
**901 CLINT MOORE ROAD  
BOCA RATON FL 33487**



2. Principal Place of Business

3. Mailing Address  
**905 CLINT MOORE ROAD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State  
**BOCA RATON FL**

4. FEI Number **76-0604158**

Applied For  
Not Applicable

Zip

Country

Zip  
**33487**

Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REGISTERED AGENTS OF FLORIDA, LLC  
100 SOUTHEAST SECOND STREET  
SUITE 3500  
MIAMI FL 33131**

Name **Mark Weicher, CFO of PartsBase, Inc**  
Street Address (P.O. Box Number is Not Acceptable)  
**905 CLINT MOORE ROAD**  
City **BOCA RATON** FL Zip Code **33487**

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: *Mark Weicher CFO*

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, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HAMMOND, ROBERT A JR.</b>	
STREET ADDRESS	<b>621 NW 53RD STREET</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33487</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>NARATH, PIERRE A</b>	
STREET ADDRESS	<b>621 NW 53RD STREET</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33487</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>VAN HARE, THOMAS C</b>	
STREET ADDRESS	<b>621 NW 53RD STREET</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33487</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MENEFFEE, JOHN C</b>	
STREET ADDRESS	<b>621 NW 53RD STREET</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33487</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MCCARTIN, EDWARD</b>	
STREET ADDRESS	<b>621 NW 53RD STREET</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33487</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CORRIEA, KENNETH A</b>	
STREET ADDRESS	<b>621 NW 53RD STREET</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33487</b>	

TITLE	<b>CFO</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MARK WEICHER</b>	
STREET ADDRESS	<b>905 CLINT MOORE ROAD</b>	
CITY-ST-ZIP	<b>BOCA RATON, FL 33487</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Robert A. Hammond Jr.</b>	
STREET ADDRESS	<b>905 CLINT MOORE ROAD</b>	
CITY-ST-ZIP	<b>BOCA RATON, FL 33487</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Mark Weicher, CFO*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/7/03**

Date Daytime Phone #

CR2E034 (10/02)