

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90007 020 \*\*\*150.00

**DOCUMENT # F93000000053**  
 1. Entity Name  
**MCCONNELLSBURG AUTO SUPPLY, INC.**

Principal Place of Business      Mailing Address  
 1333-1335 EISENHOWER BLVD.      1333-1335 EISENHOWER BLVD.  
 JOHNSTOWN PA 15904      JOHNSTOWN PA 15904

2. Principal Place of Business      3. Mailing Address  
*123 FAIRFIELD Ave*      *123 FAIRFIELD Ave*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
*JOHNSTOWN, PA*      *JOHNSTOWN, PA*

Zip      Country      Zip      Country  
*15906-2333*      *USA*      *15906-2333*      *USA*

4. FEI Number      Applied For  
**23-1394096**       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  
**MACY, WILLIAM**  
**2129 RINGLING BLVD**  
**SARASOTA FL 34237**

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 \_\_\_\_\_ (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

TITLE	DST	<input type="checkbox"/> Delete
NAME	SCHONEK, WILBUR E	
STREET ADDRESS	305 FRANKLIN ST.	
CITY-ST-ZIP	JOHNSTOWN PA 15907	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GALAYDA, ROBERT	
STREET ADDRESS	1335 EISENHOWER BLVD	
CITY-ST-ZIP	JOHNSTOWN PA	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MACY, WILLIAM	
STREET ADDRESS	2129 RINGLING BLVD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	EVANS, JOHN D	
STREET ADDRESS	BOX 142 N/A	
CITY-ST-ZIP	LISTIE PA 15549	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	LOGUE, WILLIAM	
STREET ADDRESS	RD. 1, BOX 357	
CITY-ST-ZIP	BEDFORD PA 15522	
TITLE	STAD	<input type="checkbox"/> Delete
NAME	GREEN, RICHARD J JR.	
STREET ADDRESS	305 FRANKLIN ST	
CITY-ST-ZIP	JOHNSTOWN PA	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANLEY SHILEY	
STREET ADDRESS	123 FAIRFIELD Ave.	
CITY-ST-ZIP	JOHNSTOWN, PA	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2705 MALL DRIVE	
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		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Stanley Shiley*      **STANLEY SHILEY**      4-5-00  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)