

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90325 035 ***150.00

DOCUMENT # F99000003332

1. Entity Name
PARTSBASE.COM, INC.

Principal Place of Business 7171 N. FEDERAL HIGHWAY, SUITE 100 BOCA RATON FL 33432	Mailing Address 7171 N. FEDERAL HIGHWAY, SUITE 100 BOCA RATON FL 33432
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 621 NW 53rd Street Suite, Apt. #, etc. Suite 700 City & State Boca Raton, FL Zip 33487-8242 Country USA	3. Mailing Address 621 NW 53rd Street Suite, Apt. #, etc. Suite 700 City & State Boca Raton, FL Zip 33487-8242 Country USA
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4. FEI Number 76-0604158	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAMMOND, ROBERT A JR. **621 NW 53rd St**
7171 N. FEDERAL HIGHWAY, SUITE 100 **Suite 700**
BOCA RATON FL 33432
33487-8242

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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE CEO	<input type="checkbox"/> Delete	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HAMMOND, ROBERT A		NAME 621 NW 53rd Street	
STREET ADDRESS 7171 N. FEDERAL HIGHWAY, SUITE 100		STREET ADDRESS Boca Raton, FL 33487	
CITY-ST-ZIP BOCA RATON FL 33432		CITY-ST-ZIP BOCA RATON, FL 33487	
TITLE CFO	<input type="checkbox"/> Delete	TITLE V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SIEGEL, MICHAEL		NAME 621 NW 53rd Street	
STREET ADDRESS 7171 N FED HWY		STREET ADDRESS Boca Raton, FL 33487	
CITY-ST-ZIP BOCA RATON FL 33487		CITY-ST-ZIP BOCA RATON, FL 33487	
TITLE COO	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SPENCER, STEVE		NAME	
STREET ADDRESS 7171 NO FED HWY		STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL 33487		CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STORMS, LOUIS		NAME	
STREET ADDRESS 3315 MARQUINN T		STREET ADDRESS	
CITY-ST-ZIP HOUSTON TX		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 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: _____ Date: **1/17/01** Daytime Phone #: **5619530704**