## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # 151554 May 19, 2000 8:00 am Secretary of State 1. Entity Name PARTS DEPOT, INC. 05-19-2000 90031 026 \*\*\*150.00 Principal Place of Business Mailing Address 2177 DALE AVE., S.E. P.O. BOX 13785 **ROANOKE VA 24013** ROANOKE VA 24037-3785 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-0570642 Not Applicable Zip Country Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD **PLANTATION FL 33324** Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change ☐ Addition ☐ Delete TITLE OLSON, ROLLANCE E NAME STREET ADDRESS 2817 LAKE AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Delete TITLE Change ☐ Addition TITLE NOBLE, MARK J NAME NAME STREET ADDRESS **4239 PIPPIN STREET** STREET ADDRESS CITY-ST-7IP **ROANOKE VA** CITY-ST-ZIP Addition TS **Z** Delete TITLE TITLE NASH, JOHN R NAME NAME STREET ADDRESS 5814 CAVALIER DR STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ROANOKE VA Change ☐ Addition ☐ Delete TITLE O'TOOLE, CHARLES J. NAME NAME 1100 HUNTINGTON BLDG. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEVELAND OH ☐ Change Addition AS TITLE Delete TITLE HALL, DENNIS NAME NAME STREET ADDRESS STREET ADDRESS RT. 3. BOX 155C CITY-ST-ZIP CITY-ST-ZIP VINTON VA **VP** ☐ Change ☐ Delete TITLE ☐ Addition TITLE ALEXANDER, WILLIAM E NAME STREET ADDRESS 6002 CAVALIER DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ROANOKE VA** 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR