

**2000 UNIFORM BUSINESS REPORT (UBR)**

7.

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

07-26-2000 90009 037 \*\*\*150.00  
 08-11-2000 90091 038 \*\*\*400.00

**DOCUMENT # 308011**  
 1. Entity Name  
**STRADLEY AUTO PARTS INC** ✓

Principal Place of Business      Mailing Address  
 416 MAIN STREET      416 MAIN STREET  
 TITUSVILLE FL 32796      TITUSVILLE FL 32796-3528

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **59-1153460**      Applied For  
 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  
**ZINSMEISTER, GARY A.**  
**416 MAIN ST**  
**TITUSVILLE FL 32796**

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	PD	<input type="checkbox"/> Delete
NAME	ZINSMEISTER, GARY A.	
STREET ADDRESS	416 MAIN ST	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	TAYLOR, JAMES Q.	
STREET ADDRESS	530 ORADELL	
CITY-ST-ZIP	TITUSVILLE FL 32796	
TITLE	ST	<input type="checkbox"/> Delete
NAME	STRADLEY, NELLE E	
STREET ADDRESS	416 MAIN ST.	
CITY-ST-ZIP	TITUSVILLE FL 32796	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		<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		

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: *Gary A. Zinsmeister*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-18-00**      **321-267-4541**  
 Date      Daytime Phone #

CR2E034 (9/99)