2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 14, 2001 8:00 am **DOCUMENT # 355478** Secretary of State WALTON AUTO PARTS INC 03-14-2001 90012 025 ***150.00 Principal Place of Business Mailing Address 1290 KENARD ST. 1290 KENARD ST. NEW SMYRNA BCH FL 32168 NEW SMYRNA BCH FL 32168 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1321954 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GANSEL, GEORGE_ Street Address (P.O. Box Number is Not Acceptable) 1290 KENARD ST. NEW SMYRNA BCH FL 32069 Zip Code City 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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Delete TITLE. THE Change Addition GANSEL, GEORGE NAME NAME 1290 KENARD ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **NEW SMYRNA FL** CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition **GANSEL KELLY** NAME NAME 1290 KENARD ST. STREET ADDRESS STREET ADDRESS **NEW SMYRNA FL** CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete ☐ Change Addition GANSEL, GEORGE D NAME NAME 1290 KENARD ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **NEW SMYRNA BCH FL** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME

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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP