

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

0017209  
 AV

03-14-2002 90048 050 \*\*\*150.00

**DOCUMENT # 355478**

1. Entity Name  
**WALTON AUTO PARTS INC**

Principal Place of Business

1290 KENARD ST.  
 NEW SMYRNA BCH FL 32168

Mailing Address

1290 KENARD ST.  
 NEW SMYRNA BCH FL 32168

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-1321954**

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

**GANSEL, GEORGE**  
**1290 KENARD ST.**  
**NEW SMYRNA BCH FL 32069**

7. Name and Address of New Registered Agent

Name **Carol C. Gansel**

Street Address (P.O. Box Number is Not Acceptable)

**1290 Kenard St.**

**New Smyrna Beach FL 32168**

City

FL

Zip Code

**32168**

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 **Carol C. Gansel**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3-4-04**

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, 2002 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 **P**  
 NAME **GANSEL, GEORGE**  
 STREET ADDRESS **1290 KENARD ST.**  
 CITY-ST-ZIP **NEW SMYRNA FL**

☒ Delete

TITLE **SV**  
 NAME **GANSEL, KELLY**  
 STREET ADDRESS **1290 KENARD ST.**  
 CITY-ST-ZIP **NEW SMYRNA FL**

☐ Delete

TITLE **VD**  
 NAME **GANSEL, GEORGE D**  
 STREET ADDRESS **1290 KENARD ST**  
 CITY-ST-ZIP **NEW SMYRNA BCH FL**

☐ Delete

TITLE   
 NAME   
 STREET ADDRESS   
 CITY-ST-ZIP

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TITLE   
 NAME   
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TITLE   
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 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE   
 NAME **Carol C. Gansel**  
 STREET ADDRESS **1290 Kenard St.**  
 CITY-ST-ZIP **New Smyrna Beach Fla 32168**

☐ Change ☐ Addition

TITLE   
 NAME   
 STREET ADDRESS   
 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE   
 NAME   
 STREET ADDRESS   
 CITY-ST-ZIP

☐ Change ☐ Addition

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: **Carol C. Gansel**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-4-02**

Date

**386-428-3910**

Daytime Phone #

CR2E034 (9/01)