

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 08, 2001 08:00 AM**
Secretary of State**DOCUMENT # F00000001142**1. Entity Name
PARTSOURCE, INC.**Principal Place of Business**

111 EAST VIRGINIA AVE.

VINTON
24179

VA

Mailing Address

111 EAST VIRGINIA AVE.

VINTON
24179

VA

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**54-1510612**

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 AgentNAGIN STEPHEN E
3225 AVIATION AVE.MIAMI
331334741 US

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

01/08/2001

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, 2001 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	D	<input type="checkbox"/> Delete
NAME	MITCHELL MICHAEL A	
STREET ADDRESS	111 E. VIRGINIA AVE.	
CITY-ST-ZIP	VINTON VA 24179	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CIGEL LES	
STREET ADDRESS	N2440 HWY 45 SOUTH	
CITY-ST-ZIP	ANTIGO WI 54409	
TITLE	TD	<input type="checkbox"/> Delete
NAME	POOLE DON	
STREET ADDRESS	215A CLEGHORN STREET	
CITY-ST-ZIP	FITCHBURG MA 01420	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SALVO DRU	
STREET ADDRESS	1916 WANTAGH AVE.	
CITY-ST-ZIP	WANTAGH NY 11793	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FRANK RICK	
STREET ADDRESS	75 SOUTH BEESON ST	
CITY-ST-ZIP	UNIONTOWN PA 15401	
TITLE	CPD	<input type="checkbox"/> Delete
NAME	STEIN DAVID	
STREET ADDRESS	2512 QUAKERTOWN ROAD	
CITY-ST-ZIP	PENNSBURG PA 18073	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL MICHAEL A	
STREET ADDRESS	111 E. VIRGINIA AVE.	
CITY-ST-ZIP	VINTON VA 24179	
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	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALVO DRU	
STREET ADDRESS	14 BACK RIVER NECK RD	
CITY-ST-ZIP	ESSEX MD 21221	
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: MICHAEL A MITCHELL

D

01/08/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)