

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0146965 AB

DOCUMENT # F01000003500

1. Entity Name

THE AFTERMARKET GROUP, INC.



FILED

03 OCT 16 AM 8:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
6092 CLARK CENTER AVENUE  
SARASOTA FL 34238

Mailing Address  
C/O INVACARE CORPORATION  
ONE INVACARE WAY  
ELYRIA OH 44035



REINSTATEMENT 03  
CHECK HERE IF MAKING CHANGES

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 31-1632048

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

CT Corporation System

Gil S. Apellis, Asst. Secretary

10-13-03

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME BLOUCH, GERALD B  
STREET ADDRESS ONE INVACARE WAY  
CITY-ST-ZIP ELYRIA OH 44035 ☐ Delete

TITLE P  
NAME ☒ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP 000023867460  
10/17/03-01003-025 \*\*\$750.00 ☐ Change ☐ Addition

TITLE STD  
NAME MIKLICH, THOMAS R  
STREET ADDRESS ONE INVACARE WAY  
CITY-ST-ZIP ELYRIA OH 44035 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME MIXON, A. MALACHI III  
STREET ADDRESS ONE INVACARE WAY  
CITY-ST-ZIP ELYRIA OH 44035 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE ST  
NAME THOMPSON, GREGORY C  
STREET ADDRESS ONE INVACARE WAY  
CITY-ST-ZIP ELYRIA OH 44035 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
GREGORY C. THOMPSON

10/10/03

440-329-6111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)