

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000000053

1. Entity Name

MCCONNELLSBURG AUTO SUPPLY, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90007 020 ***150.00

Principal Place of Business

Mailing Address

1333-1335 EISENHOWER BLVD.
JOHNSTOWN PA 15904

1333-1335 EISENHOWER BLVD.
JOHNSTOWN PA 15904

2. Principal Place of Business

3. Mailing Address

123 FAIRFIELD Ave

123 FAIRFIELD Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JOHNSTOWN, PA

City & State

JOHNSTOWN, PA

4. FEI Number

23-1394096

Applied For

Not Applicable

Zip

15906-2333

Country

USA

Zip

15906-2333

Country

USA

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

MACY, WILLIAM
2129 RINGLING BLVD
SARASOTA FL 34237

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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DST
NAME SCHONEK, WILBUR E
STREET ADDRESS 305 FRANKLIN ST.
CITY-ST-ZIP JOHNSTOWN PA 15907 ☐ Delete

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

TITLE PD
NAME GALAYDA, ROBERT
STREET ADDRESS 1335 EISENHOWER BLVD
CITY-ST-ZIP JOHNSTOWN PA ☒ Delete

TITLE PD
NAME STANLEY SHILEY
STREET ADDRESS 123 FAIRFIELD Ave.
CITY-ST-ZIP JOHNSTOWN, PA ☒ Change ☐ Addition

TITLE VD
NAME MACY, WILLIAM
STREET ADDRESS 2129 RINGLING BLVD
CITY-ST-ZIP SARASOTA FL ☐ Delete

TITLE
NAME
STREET ADDRESS 2705 MALL DRIVE
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE VP
NAME EVANS, JOHN D
STREET ADDRESS BOX 142 N/A
CITY-ST-ZIP LISTIE PA 15549 ☐ Delete

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

TITLE VP
NAME LOGUE, WILLIAM
STREET ADDRESS RD. 1, BOX 357
CITY-ST-ZIP BEDFORD PA 15522 ☒ Delete

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

TITLE STAD
NAME GREEN, RICHARD J JR.
STREET ADDRESS 305 FRANKLIN ST
CITY-ST-ZIP JOHNSTOWN PA ☐ Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STANLEY SHILEY

Date

4-5-00

Daytime Phone #

CR2E034 (9/99)