

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000004666

1. Entity Name

BECK/JARNLEY WORLDPARTS CORP.

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90261 026 \*\*\*150.00

Principal Place of Business

Mailing Address

1020 SPACE PARK SOUTH  
P.O. BOX 1020  
NASHVILLE TN 37222

C/O 4500 DORR STREET  
P.O. BOX 1000  
TOLEDO OH 43697  
US

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 **62-1246570**

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.

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, 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 VPD ☐ Delete  
NAME MADDEN, THOMAS  
STREET ADDRESS 100 DOUBLE BEACH ROAD  
CITY-ST-ZIP BRANFORD CT 06405

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

TITLE VPS ☐ Delete  
NAME KELLER, STEVEN E  
STREET ADDRESS 4500 DORR ST/ P.O. BOX 1000  
CITY-ST-ZIP TOLEDO FL 43697

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

TITLE VPT ☐ Delete  
NAME PATON, A. GLENN  
STREET ADDRESS 4500 DORR ST. / P.O. BOX 1000  
CITY-ST-ZIP TOLEDO OH 43697

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

TITLE P ☐ Delete  
NAME DAVIS, IRA D  
STREET ADDRESS 1020 SPACE PARK S  
CITY-ST-ZIP NASHVILLE TN 37222

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

TITLE AT ☐ Delete  
NAME CZARKA, CHRISTOPHER J  
STREET ADDRESS 4500 DORR ST. / PO BOX 1000  
CITY-ST-ZIP TOLEDO OH 43697

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

TITLE AT ☐ Delete  
NAME HINDE, CHARLES W  
STREET ADDRESS 4500 DORR ST./PO BOX 1000  
CITY-ST-ZIP TOLEDO OH 43697

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/01

CR2E034 (10/00)