

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003332

1. Entity Name

PARTSBASE.COM, INC.

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90325 035 ***150.00

Principal Place of Business

7171 N. FEDERAL HIGHWAY, SUITE 100
BOCA RATON FL 33432

Mailing Address

7171 N. FEDERAL HIGHWAY, SUITE 100
BOCA RATON FL 33432

2. Principal Place of Business

621 NW 53rd Street

3. Mailing Address

621 NW 53rd Street

Suite, Apt. #, etc.

Suite 700

Suite, Apt. #, etc.

Suite 700

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33487-8242

Country

USA

Zip

33487-8242

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

76-0604158

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAMMOND, ROBERT A JR.

~~7171 N. FEDERAL HIGHWAY, SUITE 100~~
BOCA RATON FL ~~33432~~

33487-8242

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)

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

TITLE **CEO** ☐ Delete
NAME HAMMOND, ROBERT A
STREET ADDRESS 7171 N. FEDERAL HIGHWAY, SUITE 100
CITY-ST-ZIP BOCA RATON FL 33432

TITLE **CFO** ☐ Delete
NAME SIEGEL, MICHAEL
STREET ADDRESS 7171 N FED HWY
CITY-ST-ZIP BOCA RATON FL 33487

TITLE **COO** ☒ Delete
NAME SPENCER, STEVE
STREET ADDRESS 7171 NO FED HWY
CITY-ST-ZIP BOCA RATON FL 33487

TITLE **D** ☒ Delete
NAME STORMS, LOUIS
STREET ADDRESS 3315 MARQUINN T
CITY-ST-ZIP HOUSTON TX

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME
STREET ADDRESS 621 NW 53rd Street
CITY-ST-ZIP Boca Raton, FL 33487

TITLE **V** ☒ Change ☐ Addition
NAME
STREET ADDRESS 621 NW 53rd Street
CITY-ST-ZIP Boca Raton, FL 33487

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

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

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

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 #

1/17/01 5619530704