

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91453 038 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F99000005327

1. Entity Name

PARTS ASSOCIATES, INC.

DO NOT WRITE IN THIS SPACE

90127812

2. Principal Place of Business

12420 PLAZA DRIVE

Suite, Apt. #, etc.

3. Mailing Address

12420 PLAZA DRIVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

CLEVELAND, OH

Zip

44130

Country

City & State

CLEVELAND, OH

Zip

44130

Country

4. FEI Number

34-0681764

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

MCCARTHY, EDWARD II ESO

Street Address (P.O. Box Number is Not Acceptable)

ALLEN BRINTON SIMMONS & MCCARTHY PA

ONE INDEPENDENT DRIVE, SUITE 3200

City

JACKSONVILLE

FL

Zip Code

32202

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 of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$650.00

Amended UBR is \$61.25

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

TITLE P

NAME LAMB, DOUGLAS B.

STREET ADDRESS 18470 EDGEWOOD DRIVE

CITY-ST-ZIP ROCKY RIVER, OH 44116

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE D

NAME OLLINGER, JAMES W.

STREET ADDRESS 3200 NATIONAL CITY CENTER

CITY-ST-ZIP CLEVELAND, OH 44114

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE T

NAME LAMB, DOUGLAS B.

STREET ADDRESS 18470 EDGEWOOD DRIVE

CITY-ST-ZIP ROCKY RIVER, OH 44116

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE VP

NAME STEFANCIC, STEVEN L.

STREET ADDRESS 5145 CREEKSIDE BLVD.

CITY-ST-ZIP BRUNSWICK HILLS, OH 44212

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE VP

NAME WRIGHT, THOMAS E.

STREET ADDRESS P.O. BOX 93914

CITY-ST-ZIP CLEVELAND, OH 44101

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE S

NAME LAMB JR., DOUGLAS B.

STREET ADDRESS 30030 LAKE ROAD

CITY-ST-ZIP BAY VILLAGE, OH 44140

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 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 #

4-21-03

CR2E034B (12/02)