2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # L63976** Apr 12, 2000 8:00 am Secretary of State 1. Entity Name PARK AVE. AUTO PARTS, INC. 04-12-2000 90169 013 ***150.00 Principal Place of Business Mailing Address 114 SOUTH PALMETTO AVENUE 114 SOUTH PALMETTO AVENUE DAYTONA BEACH FL 32114-4320 DAYTONA BEACH FL 32114-4320 **CUU58U**88 2. Principal Place of Business 2538 Sunse 3. Mailing Address 2538 Sunset Dr. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3004658 Not Applicable \$8.75 Additional u S A 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Michael VAN HOUTEN, MICHAEL A. Street Address (P.O. Box Number is Not Acceptable) zunset 114 S. PALMETTO AVENUE DAYTONA BEACH FL 32115 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. V D Change ۷D ☐ Defete TITLE TITLE OLIPHAN, Robert B. OLIPHANT, ROBERT B. NAME NAME 114 S. PALMETTO AVENUE STREET ADDRESS 2538 Sunset Dr. STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FL CITY-ST-ZIP Newsmyrna Brach Change ∏ Addition ☐ Delete TITLE TITLE Schumann Michael D. SCHUMANN, MICHAEL D. NAME 2638 Sunset Dr. STREET ADDRESS STREET ADDRESS 114 S. PALMETTO AVENUE CITY-ST-ZIP GITY-ST-ZIP-New Smarna Beach FL DAYTONA-BEACH-FL ☐ Delete TITLE TITLE Schumann, MICHAEL D. SCHUMANN, MICHAEL D. NAME NAME 2538 Sunset Dr. STREET ADDRESS 114 S. PALMETTO AVENUE STREET ADDRESS New Smyrna Beach. CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

name Street address

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Michael D. Schumann

ylme Phone #128-493

☐ Addition

Change