

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 30, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # L63976**1. Entity Name  
**PARK AVE. AUTO PARTS, INC.**Principal Place of Business  
2538 SUNSET DR.  
NEW SMYRNA BEACH FL 32168Mailing Address  
2538 SUNSET DR.  
NEW SMYRNA BEACH FL 321682. Principal Place of Business  
2932 W. PARK AVE3. Mailing Address  
P.O. BOX 267

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
EDGEWATER FLCity & State  
EDGEWATER FL4. FEI Number  
**59-3004658**Applied For  
Not ApplicableZip  
32132

Country

Zip  
32132

Country

5. Certificate of Status Desired ☒ **\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent**SCHUMANN MICHAEL D  
2538 SUNSET DR.NEW SMYRNA BEACH FL  
32168**7. Name and Address of New Registered Agent**Name  
SELLERS JOHN GStreet Address (P.O. Box Number is Not Acceptable)  
2932 W. PARK AVECity  
EDGEWATER FL Zip Code  
32132

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 **JOHN G. SELLERS****04/30/2001**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	ST	SCHUMANN, MICHAEL D.	2538 SUNSET DR. NEW SMYRNA BEACH FL 32168	<input checked="" type="checkbox"/> Delete
	PD	SCHUMANN, MICHAEL D.	2538 SUNSET DR. NEW SMYRNA BEACH FL 32168	<input type="checkbox"/> Delete
	VD	OLIPHANT, ROBERT B.	2838 SUNSET DR. NEW SMYRNA BEACH FL 32168	<input checked="" type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	SELLERS JOHN G	P.O. BOX 267 EDGEWATER FL 32132				
					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	SCHUMANN, MICHAEL D.	2538 SUNSET DR. NEW SMYRNA BEACH FL 32168		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
					<input type="checkbox"/> Change	<input type="checkbox"/> 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: John G. Sellers**

D

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)