

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

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90103 036 ***150.00

DOCUMENT # **P02000003430**

1. Entity Name

PARTSPEED.COM INC. ✓



DO NOT WRITE IN THIS SPACE

10038265

2. Principal Place of Business

1525 HILLTOP LANE

Suite, Apt. #, etc.

3. Mailing Address

1525 HILLTOP LANE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MERRITT ISLAND, FL

City & State
MERRITT ISLAND, FL

4. FEI Number

02-0565593

Applied For

Not Applicable

Zip
32952

Country
U.S.A.

Zip
32952

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
KAREN A. BROOKS

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

1525 HILLTOP LANE

MERRITT ISLAND FL Zip Code
32952

**DO NOT WRITE
IN THIS SPACE**

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 name 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 \$550.00

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
CEO
NAME
KAREN A. BROOKS
STREET ADDRESS
1525 HILLTOP LANE
CITY-ST-ZIP
MERRITT ISLAND, FL 32952

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: **Karen A. Brooks** **KAREN A. BROOKS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-11-03

321-452-6401

CR2E034B (12/02)