2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 26, 2001 8:00 am Secretary of State DOCUMENT # P98000068361 1. Entity Name THE PARTS PROS AUTOMOTIVE WAREHOUSE, INC. 04-26-2001 90126 008 ***150.00 Principal Place of Business Mailing Address 701 MANATEE AVE. EAST 701 MANATEE AVE. EAST BRADENTON FL 34208 **BRADENTON FL 34208** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0855380 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HARRISON, G. JOSEPH Street Address (P.O. Box Number is Not Acceptable) 1206 MANATEE AVE. WEST **BRADENTON FL 34205** 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME PINCUS, DAVID A NAME STREET ADDRESS STREET ADDRESS 3504 20TH AVE. DR. WEST CITY - ST - ZIP CITY-ST-ZIP **BRADENTON FL 34205** TITLE Delete TITLE ☐ Change Addition NAME MANDERSCHEID, DAVID C NAME STREET ADDRESS STREET AODRESS 6803 67TH STREET CIRCLE EAST CITY-ST-ZIP CITY-ST-ZIP PALMETTO FL 34221 TITLE ☐ Delete TITLE Change Change ☐ Addition ROBERTSON, DUANE NAME NAME STREET ADDRESS STREET ADDRESS 2010 LENA LANE CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34240 TITLE SD ☐ Deiete TITLE ☐ Change ☐ Addition NAME BRINN, JAMES T NAME STREET ADDRESS STREET ADDRESS 4609 44TH AVE., EAST CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34203** TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete ☐ Change TITLE TITLE M Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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.

CR2E034 (10/00)

A. Pincus 4-19-01 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR