

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000014258

FILED  
Aug 26, 2003  
Secretary of State

Entity Name: PARTSLOGIC, INC.

## Current Principal Place of Business:

4387 N.W. 124TH AVE.  
CORAL SPRINGS, FL 33065 US

## New Principal Place of Business:

## Current Mailing Address:

4387 N.W. 124TH AVE.  
CORAL SPRINGS, FL 33065 US

## New Mailing Address:

FEI Number: 65-0908167

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCHINEIS-JIMENEZ, INGE  
4387 N.W. 124TH AVE.  
CORAL SPRINGS, FL 33065 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: JIMENEZ, GABRIEL  
Address: 10316 NW 53 CT  
City-St-Zip: CORAL SPRINGS, FL 33076

Title: V ( ) Delete  
Name: JIMENEZ, INGE SCHINEIS  
Address: 10316 NW 53 CT  
City-St-Zip: CORAL SPRINGS, FL 33076

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: INGE SCHINEIS JIMENEZ

VP

08/26/2003

Electronic Signature of Signing Officer or Director

Date