

FILED
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Secretary of State

04-26-2007 90210 045 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # V11218			
1. Entity Name UNLIMITED INSTITUTIONAL PARTS, INC.			
Principal Place of Business P.O. BOX 8014 INDIAN RIVER SHORES, FL 32963		Mailing Address P.O. BOX 8014 INDIAN RIVER SHORES, FL 32963	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 2010	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State BIRMINGHAM, MI	
Zip	Country	Zip	Country
		43012-2010	USA
4. FEI Number 31-1357303		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
GEISSBUHLER, J. ROBERT 220 BERMUDA BAY LANE INDIAN RIVER SHORES, FL 32963			
7. Name and Address of New Registered Agent			
Name Brooke C. Stoltz			
Street Address (P.O. Box Number is Not Acceptable) 728 Oakridge Dr SW			
City Vero Beach FL Zip Code 32968			
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 Brooke C. Stoltz DATE 4/20/07			
Signature, typed, or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			
TITLE	P	Delete	
NAME	GEISSBUHLER, J.R.		
STREET ADDRESS	220 BERMUDA BAY LANE		
CITY - ST - ZIP	INDIAN RIVER SHORES, FL 32963		
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	☐ Change ☒ Addition	
NAME	Gregory J. Geissbuhler		
STREET ADDRESS	839 Kennesaw		
CITY - ST - ZIP	BIRMINGHAM, MI 48009		
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address with all other like empowered.			
SIGNATURE: X [Signature] DATE 4-20-07			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			