

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **V50161**

1. Entity Name
BOARDWALK AUTO PARTS, INC.



Principal Place of Business
2349 SOUTH RIDGEWOOD AVENUE
EDGEWATER FL 32141

Mailing Address
2349 SOUTH RIDGEWOOD AVENUE
EDGEWATER FL 32141

2. Principal Place of Business
2349 S. Ridgewood Ave.
Suite, Apt. #, etc.
Edgewater, FL
City & State
32141 Zip
USA Country

3. Mailing Address
2349 S. Ridgewood Ave.
Suite, Apt. #, etc.
Edgewater, FL
City & State
32141 Zip
USA Country

4. FEI Number
59-3133716
 Applied For
 Not Applicable

5. Certificate of Status Desired
 \$8.75 Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MOSEBACH, THOMAS I., SR.
2349 SOUTH RIDGEWOOD AVENUE
EDGEWATER FL 32141

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable)
City _____ **FL** 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. 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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD	MOSEBACH, THOMAS I., SR. 2349 S RIDGEWOOD AVE EDGEWATER FL	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
SD	MOSEBACH, VICKI L. 2349 S RIDGEWOOD AVE EDGEWATER FL	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (10/02)

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/13/03

386 428 9235

Date

Daytime Phone #