

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90173 047 ***150.00

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.

3. Mailing Address

2349 S. Ridgewood Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Edgewater, FL

City & State

Edgewater, FL

Zip

32141

Country

USA

Zip

32141

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3133716

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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 **PD** ☐ Delete
NAME **MOSEBACH, THOMAS I., SR.**
STREET ADDRESS **2349 S RIDGEWOOD AVE**
CITY-ST-ZIP **EDGEWATER FL**

TITLE **SD** ☐ Delete
NAME **MOSEBACH, VICKI L.**
STREET ADDRESS **2349 S RIDGEWOOD AVE**
CITY-ST-ZIP **EDGEWATER FL**

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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas I. Mosbach, Sr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas I. Mosbach, Sr.

1/13/03

Date

386 428 9235

Daytime Phone #

CR2E034 (10/02)