

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 282963

1. Entity Name
MCGEE TIRE STORES, INC.

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90088 027 ***150.00

Principal Place of Business
2636 LASSO LN
LAKELAND FL 33801
US

Mailing Address
P O BOX 2230
EATON PARK FL 33840
US



2. Principal Place of Business
3939 US 98 South
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Lakeland FL

City & State
Lakeland FL

4. FEI Number 59-1052787

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
MCGEE, CYNTHIA
2636 LASSO LN
LAKELAND FL 33840

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
3939 US 98 South
City Lakeland FL Zip Code 33813

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	CD	☒ Delete		TITLE		☐ Change	☐ Addition
NAME	MCGEE, JOHN J			NAME			
STREET ADDRESS	3803 OLD HWY 37 #100			STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL			CITY-ST-ZIP			
TITLE	STD	☐ Delete		TITLE		☐ Change	☐ Addition
NAME	MCGEE, CYNTHIA L			NAME			
STREET ADDRESS	3208 OAK PARK DR			STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL 33803			CITY-ST-ZIP			
TITLE	VD	☐ Delete		TITLE		☐ Change	☐ Addition
NAME	MCGEE, TERRANCE J			NAME			
STREET ADDRESS	5716 EMERALD RIDGE BLVD			STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL			CITY-ST-ZIP			
TITLE	PD	☐ Delete		TITLE		☐ Change	☐ Addition
NAME	MCGEE, MICHAEL J			NAME			
STREET ADDRESS	5022 LAKE IN THE WOODS BLVD			STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL			CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change	☐ Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change	☐ 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 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Cynthia McGee 2/13/02 863-667-3202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)