2000 UNIFORM BUSINESS REPORT (UBR)

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ent with an address, with all other like empowered

Jan 21, 2000 8:00 am Secretary of State **DOCUMENT # G01958** RAY'S TIRE AND SERVICE CENTER, INC. 01-21-2000 90050 033 ***150.00 Principal Place of Business Mailing Address 1375 US 1. SOUTH 1375 US 1. SOUTH 702668 ST. AUGUSTINE FL 32086 ST. AUGUSTINE FL 32086-4230 lus HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 59-2225750 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name USHER. RAYMOND Street Address (P.O. Box Number is Not Acceptable) 1375 U.S. 1 SOUTH ST AUGUSTINE FL 32086 City 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. SIGNATURE DATE 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 11. Change STD Addition TITLE ☐ Delete TITLE USHER, MERIAL USHER, MERIAL NAME 901 DEER CHASE DR. 921 DEERCHASE DR. STREET ADDRESS STREET ADDRESS AUGUSTINE, FL. CITY-ST-ZIP CITY-ST-ZIP ST. AUGUSTINE FL PD ☐ Delete ☐ Addition TITLE NAME USHER, RAYMOND NAME STREET ADDRESS STREET ADDRESS 921 DEERCHASE DR. CITY-ST-ZIP CITY-ST-ZIP ST. AUGUSTINE FL TITLE Change ☐ Addition ☐ Delete TITLE PETTY: EDWARD DEAN NAME NAME STREET ADDRESS 4037 WHITE PINE LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST AUGUSTINE FL ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

FILED