

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Apr 21, 2003 8:00 am
Secretary of State

0031091 AV

04-21-2003 91108 001 *****8.75
04-21-2003 91108 002 ***150.00

DOCUMENT # **P01000091780**

1. Entity Name
LEFAN'S TIRE SERVICE, INC.



Principal Place of Business
**214 ANNE AVE
JACKSONVILLE FL 32254**

Mailing Address
**PO BOX 440217
JACKSONVILLE FL 32222**



2. Principal Place of Business
7231 Ricker Road

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

City & State
Jax FL

City & State

CHECK HERE IF MAKING CHANGES

4. FEI Number
59-3746497

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**LEFAN, GARY
7231 RICKER RD
JACKSONVILLE FL 32244**

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 *Gary Lefan* (NOTE: Registered Agent signature required when reinstating) DATE 4-17-03

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	P LEFAN, GARY R 7231 RICKER RD JACKSONVILLE FL 32244
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT LEFAN, AMANDA 7231 RICKER RD JACKSONVILLE FL 32244
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EDENFIELD, SARA 7231 RICKER RD JACKSONVILLE FL 32244
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 lists empowered.

SIGNATURE: *Gary Lefan* **SIGNATURE REQUIRED** DATE 4-17-03 Daytime Phone #

CR2E034 (10/02)