

05-14-2002 90335 029 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000073665
1. Entity Name
 Big D's 24HR. Tire Repair & Towing Service, Inc. ✓

DO NOT WRITE IN THIS SPACE

80101822

2. Principal Place of Business
 4795 Cinema Street
 Suite, Apt. #, etc.

3. Mailing Address
 4795 Cinema Street
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 Cocoa, FL.

City & State
 Cocoa, FL.

Zip 32927 **Country** USA

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4. FEI Number 59-3529560
 Applied For Not Applicable

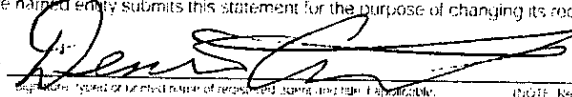
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Crittenden, Dennis G.
Street Address (P.O. Box Number is Not Acceptable) 4795 Cinema Street
City Cocoa, **FL** **Zip** 32927

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  **Dennis G. Crittenden, President 321-690-2213**

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

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$81.25
Make Check Payable to Department of State

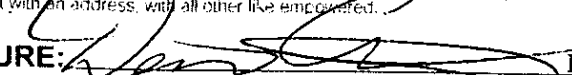
10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			
TITLE P/D	NAME Crittenden, Dennis G.	TITLE	NAME
STREET ADDRESS 4795 Cinema Street, Cocoa, FL.	CITY-ST-ZIP 32927	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 of an attachment with an address, with all other like empowereed.

SIGNATURE:  **Dennis G. Crittenden, President 321-690-2213**