

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90070 049 ***150.00

DOCUMENT # P98000073665
1. Entity Name
BIG D'S 24 HR. TIRE REPAIR & TOWING SERVICE, INC



Principal Place of Business
**4795 CINEMA STREET
COCOA FL 32927**

Mailing Address
**4795 CINEMA STREET
COCOA FL 32927**

JUUJ10J6



2. Principal Place of Business
5310 Beck Drive

3. Mailing Address
5310 Beck Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Cocoa, Fl.

City & State
Cocoa, Fl.

4. FEI Number
59-3529560

Applied For
Not Applicable

Zip Country
32927 U.S.A.

Zip Country
32927 U.S.A.

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CRITTENDEN, DENNIS G
4795 CINEMA STREET
COCOA FL 32927**

Name
Crittenden, Dennis G.

Street Address (P.O. Box Number is Not Acceptable)
5310 Beck Drive

City
Cocoa, FL Zip Code
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. I am familiar with, and accept the obligations of registered agent.

Dennis G. Crittenden

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
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** Delete
NAME **CRITTENDEN, DENNIS G**
STREET ADDRESS **4795 CINEMA STREET**
CITY-ST-ZIP **COCOA FL 32927**

TITLE **PD** Change Addition
NAME **Crittenden, Dennis G.**
STREET ADDRESS **5310 Beck Drive**
CITY-ST-ZIP **Cocoa, Fl. 32927**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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Change Addition
TITLE
NAME
STREET ADDRESS
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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-03 321-639-7428
Date Daytime Phone #

CP2E034 (10/02)