

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000069980

1. Entity Name

S. O. KINES, JR., INC.

d.b.a. Forklift Tire of Florida



FILED

MAR 10 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4831 PHYLLIS ST.

JACKSONVILLE FL 32203

Mailing Address

4831 PHYLLIS ST.

JACKSONVILLE FL 32203



2. Principal Place of Business

4831 Phyllis Street

3. Mailing Address

P.O. Box 6985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-3499938

Applied For

Not Applicable

Zip

32254

Country

USA

Zip

32236

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

KINES, S. O. JR

4831 PHYLLIS ST.

JACKSONVILLE FL 32203

7. Name and Address of New Registered Agent

Name

KINES, S.O. JR

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

4831 Phyllis Street

City

Jacksonville

FL

Zip Code

32254

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

Carol S.O. Kines, JR

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

S.O. Kines Jr

3-3-03

DATE

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	D	<input checked="" type="checkbox"/> Delete
NAME	KINES, S. O. JR	
STREET ADDRESS	4831 PHYLLIS ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32203	
TITLE	P	<input type="checkbox"/> Delete
NAME	KINES, S. O., JR	
STREET ADDRESS	4831 Phyllis Street	
CITY-ST-ZIP	Jacksonville, FL 32254	
TITLE	✓	<input type="checkbox"/> Delete
NAME	William B. Kines	
STREET ADDRESS	4831 Phyllis Street	
CITY-ST-ZIP	Jacksonville, FL 32254	
TITLE	V/S/T	<input type="checkbox"/> Delete
NAME	Carol Ann Kines	
STREET ADDRESS	4831 Phyllis Street	
CITY-ST-ZIP	Jacksonville, FL 32254	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	800013987368	
STREET ADDRESS	03/12/03--01001--011 **150.00	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 687, 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:

S.O. Kines Jr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-3-03

Daytime Phone #

904-384-5647

CR2E034 (10/02)