

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 203482

1. Entity Name
POST OFFICE TIRE SERVICE, INC.



FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91828 025 ***150.00

0574499 AV

Principal Place of Business
P O BOX 578
221 W SILVER SPRINGS BLVD.
OCALA FL 34478
US

Mailing Address
P O BOX 578
221 W SILVER SPRINGS BLVD.
OCALA FL 34478
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-0807840

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

KNOBLOCK, VICTOR F.
221 W. SILVER SPRINGS BLVD.
OCALA FL 34475

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

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME KNOBLOCK, VICTOR F
STREET ADDRESS 2233 SE 5TH ST.
CITY-ST-ZIP Ocala FL 34471 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 13075 S.E. 118th AVENUE ROAD
CITY-ST-ZIP OCKLAWAHA, FL 32179

TITLE ST
NAME KNOBLOCK, SUZANNE G.
STREET ADDRESS 2233 SE 5TH ST.
CITY-ST-ZIP Ocala FL 34471 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 13075 S.E. 118th AVENUE ROAD
CITY-ST-ZIP OCKLAWAHA, FL 32179

TITLE V
NAME KNOBLOCK, JASON H
STREET ADDRESS 3858 N.E. 19TH ST. CIRCLE
CITY-ST-ZIP Ocala FL 34470 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2960 S.E. 34th STREET
CITY-ST-ZIP Ocala, FL 34471

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/2/03 (352)622-8191

CR2E034 (10/02)