FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 06, 2002 8:00 am 592942 Secretary of State DOCUMENT # 1. Entity Name 03-06-2002 90086 042 \*\*\*150.00 DAVIDSON'S TIRE TOWN, INC. Principal Place of Business Mailing Address 1825 S RIVERVIEW DR 1825 S RIVERVIEW DR MELBOURNE FL 32901 MELBOURNE FL 32901 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1872006 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KOSTRO, VICTOR S Street Address (P.O. Box Number is Not Acceptable) 1825 S RIVERVIEW DR MELBOURNE FL 32901 Zip Code City FI 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, 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution, Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS (9/01) **VSD** TITLE Addition TITLE ☐ Delete BLAIR, JOHN A. NAME DAVIDSON, BILLY M. NAME CR2E034 STREET ADDRESS 402 THRUSH DR. STREET ADDRESS 1335 DANFORTH ST. S.W CITY-ST-ZIP SATELLITE BEACH FL CITY-ST-ZIP Palm BAY, FLORIDA 32908 Delete ☐ Change ■ Addition TITLE TITLE NAME NAME DAVIDSON, MICHAEL W. STREET ADDRESS STREET ADDRESS 625 FIRESTONE ST NE CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL Delete ☐ Change \_\_\_ Addition TITLE TITLE NAME DAVIDSON, EVELYN F. NAME STREET ADDRESS STREET ADDRESS **402 THRUSH DRIVE** CITY-ST-ZIP CITY-ST-ZIP SATELLITE BEACH FL ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if