

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90210 001 \*\*\*150.00

**DOCUMENT # 592942**

1. Entity Name  
**DAVIDSON'S TIRE TOWN, INC.**



Principal Place of Business **Billy M. Davidson** Mailing Address  
~~1825 S RIVERVIEW DR~~ ~~1825 S RIVERVIEW DR~~  
~~MELBOURNE FL 32901~~ ~~MELBOURNE FL 32901~~  
US **402 THRUSH DRIVE** US **402 THRUSH DRIVE**  
**Satellite Beach, FL 32937** **Satellite Beach, FL 32937**



2. Principal Place of Business Suite, Apt. #, etc.  
City & State Zip Country

☒ CHECK HERE IF MAKING CHANGES  
4. FEI Number **59-1872006** Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**KOSTRO, VICTOR'S**  
**1825 S RIVERVIEW DR**  
**MELBOURNE FL 32901**

7. Name and Address of New Registered Agent  
Name **Billy M. Davidson V.P.**  
Street Address (P.O. Box Number is Not Acceptable)  
**402 Thrush DRIVE**  
City **Satellite Beach** FL Zip Code **32937**

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 **Billy M. Davidson Vice President** *Billy M. Davidson* **4-14-03**  
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

TITLE	VSD	<input type="checkbox"/> Delete
NAME	DAVIDSON, BILLY M.	
STREET ADDRESS	402 THRUSH DR.	
CITY-ST-ZIP	SATELLITE BEACH FL	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	DAVIDSON, MICHAEL W.	
STREET ADDRESS	625 FIRESTONE ST NE	
CITY-ST-ZIP	PALM BAY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIDSON, EVELYN F.	
STREET ADDRESS	402 THRUSH DRIVE	
CITY-ST-ZIP	SATELLITE BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLAIR, JOHN A	
STREET ADDRESS	1335 DANFORTH ST SW	
CITY-ST-ZIP	PALM BAY FL 32908	
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		
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 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: *Billy M. Davidson* **Billy M. Davidson V.P.** **4-14-03** **729-0240**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)