2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 839837

1. Entity Name

DANZEY OIL AND TIRE COMPANY



FILED Apr 09, 2003 8:00 am Secretary of State

04-09-2003 90138 015 ***150.00

Principal Place of Business 1021 N BELL ST DOTHAN AL 36303 US				Mailing Address PO BOX 1646 DOTHAN AL 36302 US									
2. Principal Place of Business				3. Mailing Address						401 81311 BEB	i diani diani d	1011 0.001 1001	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State				City & State				4. FEI Number 63-0387060				pplied For ot Applicable	}
Zip Country				. د .	Coun	itry	5. Certificate of Status 8			ree nequired] -
	6. Name	and Address of Current I	legistered Agent					7. Name and Address of New Registered Agent					
BRYAN, W.W.							Name .						
1217 COTTON ST				. Street				ddress (P.O. Box Number is Not Acceptable)					
GRACEVIL	LE FL 3244	10											
æ						City				FL	Zip Cod	de	
	named entiti ions of regist		the purp	ose of changing its	registere	ed office or re	gistered	d age	ent, or both, in the State of Florid	da. I am fa	miliar with,	, and accept	
SIGNATURE .	Signature, typed	or printed name of registered agent a	nd title if app	olicable. (NOT	E: Registere	d Agent signature r	required wh	hen reit	instating)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00									Election Campaign Finar Trust Fund Contribution.	ncing		00 May Be	
Make Check	k Payable to	Florida Department of	State					ł	rast and contribution.	ب	Adde	u to rees	
10. OFFICERS AND D				DIRECTORS 11.				ADI	DITIONS/CHANGES TO OFFIC	ERS AND I	DIRECTOR	S IN 11	1
TITLE	P			☐ Delete	TITLE	:					☐ Change	☐ Addition	်
		ATHERINE K.			NAM	E			·				/10/
	DOTHAN A	okside dr N				ET ADDRESS - ST-ZIP							100
TITLE	T	-		☐ Delete	TITLE				PARTAL NAME OF THE PARTAL OF T		☐ Change	Addition	100
		BENNIE D			NAM	E							
	106 MART				4	ET ADORESS							
	DOTHAN A	<u>(L</u>			CITY	-ST-ZIP							4.
TITLE	VP	HOMAS E III		☐ Delete	TITLE						Change	Addition	
		OKSIDE DRIVE			NAM	ET ADDRESS			·				
	DOTHAN A					-ST-ZIP							
TITLE	SD			☐ Delete	TITLE						☐ Change	☐ Addition	1
NAME	KENNEDY,	BENNIE D.			NAM	E							
	106 MART					ET ADDRESS							Ì
CITY-ST-ZIP	DOTHAN A	<u>r</u>			CITY	-ST-ZIP							
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NAME STREET ADDRESS					NAME	ET ADDRESS							-
CITY-ST-ZIP						- ST-ZIP							
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NAME					NAME	i							
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS			•				
0111-01-ZIP					CHY-	-ST-ZIP							_

12. I hereby certify that the information supplied with this filling 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 impowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-03

(334) 742-415 Delytime Phone #