

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 91087 045 \*\*\*150.00

00054039



☐ CHECK HERE IF MAKING CHANGES

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # F28695**

1. Entity Name  
**MURRY'S TIRE, INC.**



Principal Place of Business  
**615 MAIN ST  
CHIPLEY FL 32428  
US**

Mailing Address  
**615 MAIN ST  
CHIPLEY FL 32428  
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 **59-2082370**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOLLEY, GERALD  
102 E CHURCH ST  
CHIPLEY FL 32428**

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	D	<input type="checkbox"/> Delete
NAME	GILLEY, MURRY L	
STREET ADDRESS	2450 MITCHELL RD	
CITY-STATE-ZIP	HARTFORD AL 36344	
TITLE	D	<input type="checkbox"/> Delete
NAME	GILLEY, BARBARA G	
STREET ADDRESS	100 TWIN LAKES DR	
CITY-STATE-ZIP	DOTHAN AL 36305-3100	
TITLE	DP	<input type="checkbox"/> Delete
NAME	GILLEY, JAMES M	
STREET ADDRESS	100 TWIN LAKES DR	
CITY-STATE-ZIP	DOTHAN AL 36305-3100	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-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: JAMES M GILLEY, PRESIDENT 2/18/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)