## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED DOCUMENT # F73979** Apr 13, 2000 8:00 am Secretary of State MILLS TIRE AND AUTO CENTER, INC. 04-13-2000 90078 030 \*\*\*150.00 Mailing Address Principal Place of Business 5319 NE 54TH PLACE 5319 NE 54 PLACE HIGH SPRINGS FL 32643 HIGH SPRINGS FL 32643-6116 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2365151 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MILLS. RONALD L. Street Address (P.O. Box Number is Not Acceptable) **5319 NE 54 PLACE** HIGH SPRINGS FL 32643 Zip Code City FL 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Addition ☐ Delete TITLE MILLS, RONALD L. NAME NAME STREET ADDRESS **5319 NE 54 PLACE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIGH SPRINGS FL 32643 ☐ Change ☐ Addition ☐ Delete TITLE TITLE MILLS, GEORGIA S. STREET ADDRESS STREET ADDRESS 5319 NE 54 PLACE CITY-ST-ZIP CITY-ST-ZIP HIGH SPRINGS FL 32643 . Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Change Addition ☐ Delete TITLE TIT! F 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 of the receiver of 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 changed, or on an attachment with an address, with all ether like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

410/200

(904)454-5616

Daytime Phone #