FILED
May 07, 2002 8:00 am
Secretary of State
05-07-2002 90241 028 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H67391

1. Entity Name
J and J Tire Service Center, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
940 Hwy 20 E	PO Box 52
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Bristol, Fl	City & State: Telogia, FL
Zip: 32321 Country: Liberty	Zip: 32380 Country: Liberty

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-2532562 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: DAN Abbey

Street Address (P.O. Box Number is Not Acceptable): 1510 PARADISE BAY DRIVE

City: Gulf Breeze FL Zip Code: 32563

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: Aleene Abbey
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when changing) Date

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PRES.
NAME	Aleene Abbey
STREET ADDRESS	PO Box 52
CITY-ST-ZIP	Telogia, Fl 32360
TITLE	Sec. / Treas.
NAME	DAN Abbey
STREET ADDRESS	1510 PARADISE BAY DR.
CITY-ST-ZIP	Gulf Breeze, FL 32563

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Aleene Abbey Aleene Abbey 4-23-02 643-9886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)