

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H60520

1. Entity Name

PORT ST. LUCIE TIRE & SERVICE CENTER, INC.

FILED

Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90121 028 ***158.75

Principal Place of Business

8263 S US HWY 1
PORT ST LUCIE FL 34952

Mailing Address

8263 S US HWY 1
PORT ST LUCIE FL 34952-2859

2. Principal Place of Business

1820 SW Bayshore Blvd

3. Mailing Address

1820 SW Bayshore Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port St Lucie, FL

City & State

Port St Lucie, FL

4. FEI Number

59-2524735

Applied For

Not Applicable

Zip

34984

Country

ST LUCIE

Zip

34984

Country

ST LUCIE

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOPSON, ROGER F.
8263 S US HWY 1
PORT ST LUCIE FL 33452

7. Name and Address of New Registered Agent

Name

Roger Hopson

Street Address (P.O. Box Number is Not Acceptable)

1820 SW Bayshore Blvd

City

Port St Lucie

FL

Zip Code

34984

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOPSON, ROGER F. 990 SW HUNT CLUB CIR PALM CITY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Roger Hopson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-00

Date

561-871-1677

Daytime Phone #

CR2E034 (9/99)