FILED

Jan 10, 2003 8:00 am Secretary of State

01-10-2003 90212 026 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

H89556 **DOCUMENT #**

1. Entity Name

MILLER BROS. GIANT TIRE SERVICE - JACKSONVILLE, INC.



Principal Place of Business 11608 COLUMBIA PARK DR. WEST JACKSONVILLE FL 32258

Mailing Address

11608 COLUMBIA PARK DR. WEST

JACKSONVILLE FL 32258

	•						
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAK	☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 57-0812666	Applied Fo		
Zip	Country	Zip	Country	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			
MILLER, HENRY R. 1721-N MANCHESTER CT JACKSONVILLE FL 32259			Name Street Add	Street Address (P.S. Box Number is Not Accaptable)			
	. '		CIPAL	'm Const	FL Zip Spode/ W	ī	
8. The above	e named entity submits this statement for tions of registered agent.	the purpose of changing its	registered office or re	gistered agent, or both, in the State of Florida.	am familiar with, and acc	ept	
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	E: Registered Agent signature r	required when reinstating) DAT	E		
After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	<u></u>		9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May 8 Added to Fees		
10.	OFFICERS AND I	·	11.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 11		
OTLE VAME STREET ADDRESS CITY-ST-ZIP	P MILLER, YOST M., JR. 3019 CHARLESTON HWY. WEST COLUMBIA SC	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add	ition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MILLER, RICHARD L. 3019 CHARLESTON HWY. WEST COLUMBIA SC	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addi	ition	
ITLE IAME STREET ADDRESS NTY-ST-ZIP	V MILLER, HENRY R. 1 721 N-MANCHESTER CT J ACKSONVILLE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	44 PIESMONT DR. PALM COAST FLP 3.	☑ Change □ Addi	tion	
ITLE IAME TREET ADDRESS ITY-ST-ZIP	·	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addi	tion	
ITLE Ame Treet address ITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addii	tion	
TLE AME TREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addit	ion	

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:

MAGUIDE REQUIRED FAINTED NAME OF SIGNING OFFICER OR DIRECTOR