## 2002 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #** J08162 1. Entity Name PARKER'S TIRE SERVICE & AUTO CARE, INC.

## FILED May 09, 2002 8:00 am Secretary of State 05-09-2002 90089 021 \*\*\*150.00

Sulto: Act if, etc.  Sulto: Act if, etc.  Sulto: Act if, etc.  Sulto: Act if, etc.  City & State  See Address of Current Registered Agent  Norma  Nor	Principal Place of Business  % JOE INGRAO  3000 N.W. PINE AVE.  OCALA FL 34475				Mailing Address  % JOE INGRAO  3000 N.W. PINE AVE.  OCALA FL 34475								
City & State    Country   Country   Country   Country   Sp. Country   Sp	2. Principal Place of Business				3. Mailing Address				{	i ildi eleli il	DAR BIRNI DARA	<b>                                   </b>	
Zip.   Country   Zip   Country   S. Certificate of Status Deared   S8.75 Additional Fee Required   See Required	Suite, Apt. #, etc.				Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
Exp.   Country   Zip   Country   Zip   Country   S. Cerrificate of Status Desired   \$8.75 Additional Fow Requisitors   \$8.75 Additional Fow Requisitors   \$8.75 Additional Fow Requisitors   Fow	City & Sta	ate		-	City & State			4.	4. FEI Number 59-2654431			<del></del>	ļ
INGRAO, JOE 3000 N.W. PINE AVE.  OCALA FL 34475  SIGNATURE  9. This accoproration is eligible to satisfy its intangible Tax filing requirement and eldotts to do so. (Siece roberts on sack)  11. OFFICERS AND DIRECTORS  INGRAO, JOE 3000 N.W. PINE AVE.  OCHAUSE AVERAGE OF OFFICERS AND DIRECTORS  ITEL NAME SUBSTRIANDRES  ON N.W. PINE AVE.  OCHAUSE AVERAGE OFFICERS AND DIRECTORS  ITEL NAME SUBSTRIANDRES  NORAO, JOE SUBSTRIANDRES  NORAO	Zip, Country				Zip Country			5.	5. Certificate of Status Desired Status Desired \$8.75 Additional				
NIGRAC, JOE 3000 N.W. PINE AVE.  OCALA FL 34475  6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids.  SIGNATURE  9. This corporation is eligible to satisfy its Intangible Tax filling requirement and electes to do so. (See criteria on back)  PILE NOW!!! FEE IS \$150.00 Make Check Payable to Department of State (Make Street Address)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  INTE. NOME STREET ADDRESS  OITY-ST-2P  OCALA FL 34475  INTE. NAME NAME NORAC, HEEN 3000 N.W. PINE AVE. OITY-ST-2P  OCALA FL 34475  INTE. NAME NORAC  OITY-ST-2P		6. Name	and Address of Curre	nt Rec	istered Agent	ed Agent			<u> </u>				
S. 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	3000 N.W. PINE AVE.						Street A			)		le	
Signature, lipsed or printed name of large sequel agent and site if all policitate.  9. This corporation is eligible to satisfy its Intanglible Tax filting requirement and elects to do so. 20 PEER INTER NOW!!! FEE IS \$150.00 Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE NAME INGRAO, JOE SIDERT ADDRESS CITY-ST-2P  11. SOFFICERS AND DIRECTORS IN THE AVE. COTY-ST-2P  11. SOFFICERS AND SOFFICERS AND DIRECTORS IN THE AVE. COTY-ST-2P  11. SOFFICERS AND SOF	8. The above	e named entity	submits this statement	t for the	e purpose of changing its	registere	L ed office or	registered ag	ent, or both, in the State of Flor		1		
Tax filing requirement and elects to do so. (See criteria on back)    Atter May 1, 2002   Fee will be \$550.00   Trust Fund Contribution.   S.5.00 May Be Added to Fee See See See See See See See See See	SIGNATURE	Signature, typed o	or printed name of registered age	ent and ti	tle if applicable. (NOTE	: Registered	d Agent signatu	re required when re	einstating)	DATE	<del></del> -	<u></u>	
ITTLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET A	Tax filing requirement and elects to do so.			,	After May 1, 2002 Fee will be \$550.0			50.00					
INGRAO, JOE 3000 N.W. PINE AVE. CITY-ST-2IP TITLE STREET ADDRESS CITY-ST-2IP TITLE STREET ADDRESS CITY-ST-2IP TITLE OCALA FL 34475  CITY-ST-2IP TITLE STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP	11.		OFFICERS AN	D DIRI	ECTORS	12.		AD	DITIONS/CHANGES TO OFFIC	CERS AND	DIRECTOR	S IN 11	
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	NAME STREET ADDRESS CITY-ST-ZIP					NAME STREET CITY-S	ST-ZIP				•		

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 addless, with all other like empowered.

SIGNATURE:

SIGNATUR