

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 19, 2001 8:00 am**  
**Secretary of State**

03-19-2001 90066 020 \*\*\*150.00

0513103

**DOCUMENT # J55230**

1. Entity Name

**HOBE SOUND TIRE AND SERVICE CENTER, INC.**

Principal Place of Business

11050 S.E. FEDERAL HWY.  
 P.O.BOX 662  
 HOBE SOUND FL 33475

Mailing Address

11050 S.E. FEDERAL HWY.  
 P.O.BOX 662  
 HOBE SOUND FL 33475

817532



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2845628**

Applied For

Not Applicable

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

**NOURSE, C.E.**  
**800 EAST OCEAN BLVD.**  
**SUITE 2C**  
**STUART FL 33494**

Name

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

City

**FL**

Zip Code

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	ST	<input type="checkbox"/> Delete
NAME	LEMASTER, NANCY J.	
STREET ADDRESS	8629 S.E. WOODWIND ST.	
CITY-ST-ZIP	HOBE SOUND FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	LEMASTER, ROBERT STANLEY	
STREET ADDRESS	11250 S.E. FED. HWY.	
CITY-ST-ZIP	HOBE SOUND FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	LEMASTER, MARK WILLIAM	
STREET ADDRESS	8629 S.E. WOODWIND ST.	
CITY-ST-ZIP	HOBE SOUND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/01

Date

561 546 4404

Daytime Phone #

CR2E034 (10/00)