

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 15, 2002 8:00 am**  
**Secretary of State**

01-15-2002 90031 044 \*\*\*150.00

**DOCUMENT # J55230**

1. Entity Name  
**HOBE SOUND TIRE AND SERVICE CENTER, INC.**

Principal Place of Business      Mailing Address  
**11050 S.E. FEDERAL HWY.**      **11050 S.E. FEDERAL HWY.**  
**P.O. BOX 662**      **P.O. BOX 662**  
**HOBE SOUND FL 33475**      **HOBE SOUND FL 33475**

S U S D U C



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2845628		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
NOURSE, C.E. 800 EAST OCEAN BLVD. SUITE 3C STUART FL 33494				Name Robert S. LeMaster Street Address (P.O. Box Number is Not Acceptable) 14105 S.E. Kitchen Creek Rd. City Hobe Sound FL Zip Code 33455			

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: *Robert S. LeMaster*      Robert S. LeMaster P/S/D 1/7/02  
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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LEMASTER, NANCY J. 8629 S.E. WOODWIND ST. HOBE SOUND FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D James F. LeMaster 576 S.W. 34th Terrace Palm City, FL 34990 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEMASTER, ROBERT STANLEY 11250 S.E. FED. HWY. HOBE SOUND FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP/S LeMaster, Robert Stanley 14105 S.E. Kitchen Creek Road Hobe Sound, FL 33455 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEMASTER, MARK WILLIAM 8629 S.E. WOODWIND ST. HOBE SOUND FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Chuck Clark 901 S.W. Martin Downs Blvd Palm City, FL 34990 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: *Robert S. LeMaster*      Robert S. LeMaster Jan. 7, 2002      (561) 260-8706  
Signature and typed or printed name of signing officer or director      Date      Daytime Phone #

CRZE034 (9/01)