

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**

03-06-2001 90299 031 \*\*\*150.00

**DOCUMENT # J78451**

1. Entity Name

**THARP'S TIRE STORE, INC.**

Principal Place of Business

Mailing Address

~~1633 GEORGIA ST., NE~~  
~~PALM BAY FL 32907-9568~~

~~1633 GEORGIA ST., NE~~  
~~PALM BAY FL 32907-9568~~

2. Principal Place of Business

**1633 GEORGIA ST., NE**

3. Mailing Address

**1633 GEORGIA ST., NE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**PALM BAY, FL**

City & State

**PALM BAY, FL**

Zip

**32907-9568**

Country

**BREVARD**

Zip

**32907-9568**

Country

**BREVARD**

4. FEI Number

**59-2808726**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**THARP, MARY ANN**  
**1633 GEORGIA ST., NE**  
**PALM BAY FL 32907**

7. Name and Address of New Registered Agent

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 **MARY ANN THARP, PRES/SEC**

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

(NOTE: Registered Agent signature required when reinstating)

*Mary Ann Tharp*

**2-27-01**

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

TITLE **DPS** ☐ Delete  
NAME **THARP, MARY ANN**  
STREET ADDRESS **1633 GEORGIA ST., NE**  
CITY-ST-ZIP **PALM BAY FL**

TITLE **DVP** ☒ Delete  
NAME **THARP, DONALD**  
STREET ADDRESS **1633 GEORGIA ST., NE**  
CITY-ST-ZIP **PALM BAY FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **MARY ANN THARP**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Mary Ann Tharp*

Date

Daytime Phone #

**2-27-01 321-725-3395**

CR2E034 (10/00)

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