

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K10304

1. Entity Name

H & H TIRE & SERVICE CENTER, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90031 043 ***150.00

Principal Place of Business

Mailing Address

S. 8TH ST.
 BEACH FL 32034

925 S. 8TH ST.
 FERNANDINA BEACH FL 32034-3706



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

59-2905141

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

MURPHY, TRAVIS M.
 308 1/2 CENTRE STREET
 FERNANDINA BEACH FL 32034

Name

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

City

FL

Zip Code

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	HOLLAND, KENNETH B.	
STREET ADDRESS	925 S. 8TH ST.	
CITY-ST-ZIP	FERNANDINA BCH. FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	HOLLAND, BURNELL	
STREET ADDRESS	925 S. 8TH ST.	
CITY-ST-ZIP	FERNANDINA BCH. FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HOLLAND, BETTY J.	
STREET ADDRESS	925 S. 8TH ST.	
CITY-ST-ZIP	FERNANDINA BCH. FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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		
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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:

Burnell Holland
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-2000
 Date

904-261-8444
 Daytime Phone #

CR2E034 (9/99)