

2002 UNIFORM BUSINESS REPORT (UBR)

0028019 AV

DOCUMENT # **S42742 L58535**

1. Entity Name
~~REUBEN BROS INC~~
COTNEY-RICH WHOLESALE TIRE INC *DUPLICATE* **NONO**

Principal Place of Business
2310 MARKET ST JACKSONVILLE FL 32206 US

Mailing Address
~~3050 SAN BERNARDO DR JACKSONVILLE FL 32217 US~~
PO BOX 37324 JACKSONVILLE FL 32236

FILED
 02 MAY -7 AM 10:23

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number ~~50-0000000~~
 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
~~HARRIS, PEGGY A. 3050 SAN BERNARDO DR JACKSONVILLE FL 32217~~
Charles G. Rich 1495 River Hills JACKSONVILLE FL 32211

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 *[Signature]* **Charles G. Rich** *president*
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE **Feb. 17, 2002**

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D HARRIS, PEGGY A. 3050 SAN BERNARDO DR JACKSONVILLE FL 32217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete Charles G. RICH 1495 River Hills JACKSONVILLE FL 32211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete VP HARRIS, ANTON S. 3053 SAN BERNARDO DR JACKSONVILLE FL 32217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete S HOLTON, SUSAN A. 10847 HAMPTON RD JACKSONVILLE FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete T HARRIS, STEVEN L. 10849 HAMPTON RD JACKSONVILLE FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900005538759--2 -05/16/02--01004--019 ***\$150.00 ***\$150.00
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRP2034 (9/01)

COTNEY RICH WHOLESALE TIRES INC
PO BOX 37324
JACKSONVILLE, FL 32236

MAILED WRONG FORMS

Request taken by: yfisher
03-12-2002

The forms you recently requested from this office are:

- (1) 206. FIC Name Packet

Should you have any questions or need any further information,
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314