

2001 UNIFORM BUSINESS REPORT (UBR)

2/2

FILED
Apr 04, 2001 8:00 am
Secretary of State

02-28-2001 90124 037 ***150.00

DOCUMENT # P00000000599

1. Entity Name

MONROE TIRE & AUTO SERVICE CENTER, INC.

Principal Place of Business

5640 MACDONALD AVE.
KEY WEST FL 33040

Mailing Address

5640 MACDONALD AVE.
KEY WEST FL 33040

2. Principal Place of Business

5170 US Highway #1
Suite, Apt. #, etc.

Unit B

City & State

Key West FL

Zip

33040

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0965859

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEYERS, MARY B
3201 FLAGLER AVE STE 506
KEY WEST FL 33040

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, typed or printed name of registered agent and fee 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

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"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President/Treasurer	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Donnie J. Wilson		
STREET ADDRESS	29250 Julia		
CITY - ST - ZIP	Little Torch Key FL 33042		
TITLE	Vice President/Secretary	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	David A. Mangold		
STREET ADDRESS	28240 Julia		
CITY - ST - ZIP	Little Torch Key FL 33042		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
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

Vice President

2/23/01

305-294-2677

Date

Daytime Phone #

CR2E034 (10/00)