

607 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 00000013089

1. Entity Name *Atking*

Five Tune Tire & Auto



FILED

03 MAY 19 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3724 N.E. 18 Ter B

3. Mailing Address

3724 N.E. 18 Ter

Suite, Apt. #, etc.

B

Suite, Apt. #, etc.

B

City & State
Pompano Beach, FL

City & State
Pompano Bch, FL

4. FEJ Number

65-1019248

Applied For

Not Applicable

Zip

33064

Country

Broward

Zip

33064

Country

Broward

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Hettman, Robert D P.A.

Street Address (P.O. Box Numbers Not Acceptable)

1750 University DR # 108

City *Coral Springs*

FL

Zip Code

33071

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Clinton Rhoades
8937 N.W. 45th
Coral Springs, FL 33065
Rhoades Clinton

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
900019318393
*05/19/03--01048--D01 **150.00*

TITLE *Pres*
NAME
STREET ADDRESS
CITY-ST-ZIP
Rhoades, Clinton
8937 N.W. 45th
Coral Springs, A. 33065

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *S*
NAME
STREET ADDRESS
CITY-ST-ZIP
Rhoades, Guy W.
9362 N.W. 92 Ter
Coral Springs, FL 33065

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03

Date

Daytime Phone #

CR2E034B (12/02)