

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000031552**

1. Entity Name

TIRE CONSULTANTS AND SALES CO., INC.**FILED**
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90156 047 ***158.75

0456463

Principal Place of Business

**9921 NEW KINGS ROAD #108
JACKSONVILLE FL 32219**

Mailing Address

**POST OFFICE BOX 8
JACKSONVILLE FL 32219****765654**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2667 Dunn AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5

City & State

City & State

JACKSONVILLE FL**32218**

Country

DuVAL

Zip

Country

4. FEI Number

59-3641818

Applied For

Not Applicable

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

**DOYLE, WILLIAM E ESQ.
2002 SOUTHSIDE BOULEVARD
SUITE 201
JACKSONVILLE FL 32216**

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 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	JACKSON, BENJAMIN H	
STREET ADDRESS	6989 PITTS ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32219	

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

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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

Date

Daytime Phone #

BENJAMIN H JACKSON 501-01 904-768-9850

CR2E034 (10/00)