

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 14, 2003 8:00 am
Secretary of State

07-14-2003 90331 020 ***150.00

0034090 AV

DOCUMENT # P00000090312

1. Entity Name
DJ'S TIRE, INC.

✓



Principal Place of Business
**1850 MAYPORT RD.
ATLANTIC BEACH FL 32233**

Mailing Address
**1850 MAYPORT RD.
ATLANTIC BEACH FL 32233**

10110031



2. Principal Place of Business
1850 MAYPORT RD
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
ATLANTIC BEACH FL
Zip
32233

City & State
Country

4. FEI Number
59-3672521

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KOMOREK, JOHN
1850 MAYPORT ROAD
ATLANTIC BEACH FL 32233**

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

SIGNATURE *John Komorek*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/10/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	DP KOMOREK, JOHN 1850 MAYPORT RD. ATLANTIC BEACH FL 32233	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John Komorek **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/03
Date

904 246 0902
Daytime Phone #

Attachment #

10110031

P00000090312

^A
LAMICTAL[®]
(LAMOTRIGINE)

25 MG 100 MG 150 MG 200 MG SCORED TABLETS

This was the first

document sent to

me the year.

Got it 7/3/03

Thank you

John Komorek

Please see complete Prescribing Information at back of pad.

GlaxoWellcome

Glaxo Wellcome Inc.
Research Triangle Park, NC 27709

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