

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 25, 2002 8:00 am
Secretary of State

08-25-2002 90213 001 ***500.00
08-25-2002 90213 002 ****50.00

DOCUMENT # P00000109891

1. Entity Name

ALEX'S TIRE SHOP, INC

DO NOT WRITE IN THIS SPACE

98531

2. Principal Place of Business
6480 RESTLAWN DRIVE
Suite, Apt. #, etc.

3. Mailing Address
6480 RESTLAWN DRIVE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
JACKSONVILLE, FL
Zip
32208

City & State
Country
USA

4. FEI Number 593671971
Applied For Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name: ALEX T. GARVIN
Street Address (P.O. Box Number is Not Acceptable)
6480 RESTLAWN DRIVE
City JACKSONVILLE FL Zip Code 32208

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: ALEX T. GARVIN 8-22-02
Signature, typed or printed name of registered agent and fee if applicable. (None. Registered Agent signature required when reappointing.) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	ALEX GARVIN 5921 CHIRSTORBEL AVE JACKSONVILLE, FL 32208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALEX GARVIN 5921 CHIRSTORBEL AVE JACKSONVILLE, FL 32208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GUSSIE GARVIN 5921 CHIRSTORBEL AVE JACKSONVILLE, FL 32208
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CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: ALEX T. GARVIN 8-22-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #