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

DO NOT WRITE IN THIS COACE

FILED Aug 25, 2002 8:00 am Secretary of State 08-25-2002 90213 001 ***500.00 08-25-2002 90213 002 ****50.00

98531

DOCUMENT # P00000109891.

ALEX'S TIRE SHOP, INC

2. Principal Place of Business 6480 RESTLAWN DRIVE Suite, Apt. #, etc. City & State JACKSONVILLE, FL		3. Mailing Addr 6480 RES	3. Mailing Address 6480 RESTLAWN DRIVE				
		Suite, Apt. #,	etc.		DO NOT WRITE IN THIS SPACE,		
		City & State		4.	4. FEI Number 593671971 Applied For Not Applicable		
Zip Country DUVAL		Zip	Country USA	5.	5. Certificate of Status Desired		8.75 Additional
		Tarata .		7. Na	me and Address of Current F		
			A A A A T . Nan	^{ne,} ALEX T. G	GARVIN		
· •	DO NOT I			Street Address (P.O. Box Number is Not Acceptable)			
IN THIS SPACE				6480 RESTLAWN DRIVE			
			. 5 4 4 4 4 5 5 5 5				
0 Ti	Property and the second MINE was a factor of			JACKSONV	LLE	FL	Zip Code 32208
• The above	e named entity submits this statemen	nt for the purpose of cha	inging its registered offic	ce or registered ag	ents or both, in the State of Flori	dalT1 1 1	
SIGNATURE	T X31H	TARU		· · · · · · · · · · · · · · · · · · ·	~ · · · · · · · · · · · · · · · · · · ·	-22	-02.
CHOIDHI DIKE	Shpratura, hyperter printed harne of registered a	gent and title if applicable.	(NOTC: Registered Agent s	ignature required when re	instaling)	DATE	· <u> </u>
9. This corp	ocration is eligible to satisfy its Intang	ible _ Janu	ary 1 - May 1 Fee is \$	150.00			
Tax filing	requirement and elects to do so.		ter May 1, Fee is \$550 Amended UBR is \$61.).00 25	 Election Campaign Final Trust Fund Contribution. 	ncing	\$5.00 May Be
11.		Make Chec	k Payable to Departn	nent of State	TOSCI BIRG CORRIDGION.		Added to Fees
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NAME	ALEX GARVIN		TITLE				BA-LUXEV
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UUFE	ALEX GARVIN		TITLE -	I. Gilhali			
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TLE AME			TITLE	This is a second			Call (Call Andrews
AME Treet adoress			NAME		. Hillaribitak	JAKS	
			STREET ADDRES				
						. Transaction	
3. Thereby confidence of the c	ertify that the information supplied w on this report or supplemental repor poration or the receiver or trustee ei It with an address, with all other like	rith this filing does not q t is true and accurate at impowered to execute the impowered.	ualify for the exemption s nd that my signature shal his report as required by	stated in Section 11 If have the same le Chapter 607, Flori	9.07(3)(i), Florida Statutes. I fu gal effect as if made under oati da Statutes: and that my name	ther certify to that I am a appears in	hat the information in officer or director Block 11 or on an