

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90193 008 ***150.00

DOCUMENT # P01000006638

1. Entity Name
FLAGLER TIRE SALES, INC.

Principal Place of Business
1000 OLD HAW CREEK RD.
BUNNELL FL 32110

Mailing Address
PO BOX 1754
BUNNELL FL 32110

2. Principal Place of Business
201 N STATE STREET

3. Mailing Address
P. O. BOX 624

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
BUNNELL, FL 32110

City & State
BUNNELL, FL

4. FEI Number
59-3696234

Applied For
 Not Applicable

Zip
32110

Country
FLAGLER

Zip
32110

Country
FLAGLER

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

6. Name and Address of Current Registered Agent

BECKER, REBECCA M ESQ
57 NICHOLAS CT.
ORMOND BEACH FL 32176

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.

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, 2002 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

TITLE ☐ Delete
 NAME **BRATCHER, THOMAS E**
 STREET ADDRESS **1000 OLD HAW CREEK RD.**
 CITY-ST-ZIP **BUNNELL FL 32110**

TITLE ☐ Delete
 NAME **BRATCHER, ROSEMARY E**
 STREET ADDRESS **1000 OLD HAW CREEK RD.**
 CITY-ST-ZIP **BUNNELL FL 32110**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *Rosemary E Bratcher* **ROSEMARY E. BRATCHER**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/16/02 386-437-2445

Date

Daytime Phone #

CR2E034 (9/01)