

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

02-01-2002 90059 012 ***150.00

DOCUMENT # P01000014107

1. Entity Name

TERRIFIC TIRE & SERVICES, INC.

Principal Place of Business

435 S. RIDGEWOOD AVE., #210
 DAYTONA BEACH FL 32114

Mailing Address

435 S. RIDGEWOOD AVE., #210
 DAYTONA BEACH FL 32114

17142



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

556 N. Beach St.

Suite, Apt. #, etc.

3. Mailing Address

1060 Hampton Rd.

Suite, Apt. #, etc.

City & State

Daytona Beach FLA.

City & State

Daytona Beach FLA.

4. FEI Number

59-3691790

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

~~BELEN ALLEN~~

~~435 S. RIDGEWOOD AVE., #210
 DAYTONA BEACH FL 32114~~

Delete

7. Name and Address of New Registered Agent

Name **BARBARA A. + STEVEN D. GREEN SR.**

Street Address (P.O. Box Number is Not Acceptable)

1060 Hampton Rd.

City **Daytona Beach**

FL

Zip Code **32114**

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 *Barbara A. Green*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-15-02

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	OWNER	<input type="checkbox"/> Delete
NAME	BARBARA A. GREEN	
STREET ADDRESS	1060 HAMPTON Rd.	
CITY-ST-ZIP	DAYTONA BEACH, FL 32114	
TITLE	OWNER	<input type="checkbox"/> Delete
NAME	STEVEN D. GREEN SR.	
STREET ADDRESS	1060 HAMPTON Rd.	
CITY-ST-ZIP	DAYTONA BEACH, FL 32114	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Barbara A. Green*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-15-02

Daytime Phone #

(386) 258-2203

CR2E034 (9/01)