

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 04, 2003 8:00 am
Secretary of State

09-04-2003 90067 047 ***550.00

DOCUMENT # P01000040911



1. Entity Name
PRO TIRE AND AUTOMOTIVE SERVICES, INC.

Principal Place of Business
1119 S 14TH ST
LEESBURG FL 34748

Mailing Address
1119 S 14TH ST
LEESBURG FL 34748



2. Principal Place of Business
Suite, Apt. #, etc.

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

City & State

4. FEI Number 59-3719046

Applied For
Not Applicable

Zip Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EDWARDS, BRUCE
1119 S 14TH ST
LEESBURG FL 34748

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	EDWARDS, BRUCE	
STREET ADDRESS	1356 PETERS DR	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	O	<input type="checkbox"/> Delete
NAME	EDWARDS, LISA L	
STREET ADDRESS	1356 PETERS DRIVE	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		

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: *Bruce Edwards* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **EDWARDS** 9/2/03 Date 352-365-2282 Daytime Phone #

CR2E034 (4/03)