

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90385 020 \*\*\*150.00

0505467 AV

**DOCUMENT # P01000047716**



1. Entity Name  
**ACTION TIRE CENTER, CORP.**

Principal Place of Business  
**2288 BOGGY CREEK ROAD  
KISSIMMEE FL 34744**

Mailing Address  
**2288 BOGGY CREEK ROAD  
KISSIMMEE FL 34744**

2. Principal Place of Business  
**2365 FORTUNE LAKE RD**

3. Mailing Address  
**2365 FORTUNE LAKE RD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**KISSIMMEE, FL**

City & State  
**KISSIMMEE, FL**

4. FEI Number **59-3718778**

Applied For  
Not Applicable

Zip Country  
**34744 US**

Zip Country  
**34744 US**

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**

**FIGUEROA, RAFAEL  
509 LOST CREEK COURT  
KISSIMMEE FL 34743**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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 **PD** ☐ Delete  
NAME **FIGUEROA, RAFAEL**  
STREET ADDRESS **509 LOST CREEK COURT**  
CITY-ST-ZIP **KISSIMMEE FL 34743**

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

TITLE **VD** ☐ Delete  
NAME **VELAZQUEZ, MAGALY**  
STREET ADDRESS **509 LOST CREEK COURT**  
CITY-ST-ZIP **KISSIMMEE FL 34743**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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TITLE ☐ Change ☐ Addition  
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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:

**REQUIRED**

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/03

Date Daytime Phone #

CR2E034 (10/02)