

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2003 8:00 am**  
**Secretary of State**

0016214 AV

09-12-2003 90090 026 \*\*\*150.00

**DOCUMENT # P02000069354**

1. Entity Name  
**QUALITY SERVICE TIRES, INC.**



Principal Place of Business  
**9665 BACHMAN RD  
ORLANDO FL 32824**

Mailing Address  
**9665 BACHMAN RD  
ORLANDO FL 32824**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**ORLANDO, FL**

Zip

Country

Zip

Country

**32859-3947 USA**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**81-0558796**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JONES, ROBERT P  
1320 W LAKESHORE DR  
CLERMONT FL 34711**

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 \$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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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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:

**SIGNATURE REQUIRED**

**9-9-03**

**407 855-1985**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

Quality Service Tires, Inc.  
PO Box 593947  
Orlando, Florida 32859-3947  
(407) 855-1985

September 8, 2003

Annual Reports Filings  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

90156574  
#P02000009354

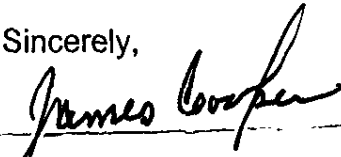
Dear Sir or Madam,

We just received your second notice that our 2003 Uniform Business report had not been filed. Enclosed please find a check in the amount of \$150 and the completed report. We are requesting a wavier of the \$400 additional fee due to the fact that the original report was not received.

Our original intent was to open our business in October of 2002 and because of that we used our future physical location address on our initial incorporation papers. Due to contractor delays we were not able to occupy our physical location until we received our occupancy permit on August 25, 2003. We had set up a post office box to receive our mail in the interim, but unfortunately forgot to advise the Secretary of State of this change. We have indicated this mailing address change on the report to preclude this situation in the future.

Should you have any questions on the above please feel free to contact me at your convenience.

Sincerely,



James Cooper  
President