

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2008 8:00 am
Secretary of State

02-06-2008 90035 040 ***150.00

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DOCUMENT # P07000020942 1. Entity Name STERLING & SONS MOBILE TIRE SERVICE COMPANY					
Principal Place of Business 2760 N.W. 6TH COURT POMPANO BEACH FL 33069			Mailing Address P. O. BOX 935185 MARGATE FL 33093		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 71-1026864 ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FIELDS, STERLING W 2760 N.W. 6TH COURT POMPANO BEACH FL 33069			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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ DATE _____ (Signature, typewritten or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when "not applicable")					
FILE NOW!!! - FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution. ☐		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FIELDS, STERLING W 2760 N.W. 6TH COURT POMPANO BEACH FL 33069	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FIELDS, SHERNARD W 2760 N.W. 6TH COURT POMPANO BEACH FL 33069	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA FIELDS, SETH 2760 N.W. 6TH COURT POMPANO BEACH FL 33069	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC FIELDS, SHAWN 2760 N.W. 6TH COURT POMPANO BEACH FL 33069	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: <u>Sterling W. Fields</u> <u>1/29/08</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #					