

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90085 012 ***150.00

DOCUMENT # P94000044134

1. Entity Name
C & B TIRE SERVICE, INC.



Principal Place of Business

~~RT 5 BOX 9809~~ 3754 Burgess-Geiger Rd
HILLIARD FL 32046

Mailing Address

P O BOX 460
HILLIARD FL 32046
US

00011039



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3259957

Applied For
Not Applicable

Zip

Country

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

GEIGER, RUBY

~~RT 5 BOX 9809~~ 3754 Burgess-Geiger Rd
HILLIARD FL 32046

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]*
Signature typed or printed name of registered agent and (if not applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE 1-21-03

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 GEIGER, CECIL
STREET ADDRESS ~~RT 5 BOX 9809~~
CITY-ST-ZIP HILLIARD FL 32046

TITLE ☒ Change ☐ Addition
NAME *3754 Burgess-Geiger Rd*
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME GEIGER, RUBY
STREET ADDRESS ~~RT 5 BOX 9809~~
CITY-ST-ZIP HILLIARD FL 32046

TITLE ☒ Change ☐ Addition
NAME *3754 Burgess-Geiger Rd*
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☐ Delete
NAME ANDERSON, SHAWNA
STREET ADDRESS 3684 MARAIRETHA RD
CITY-ST-ZIP YULEE FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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NAME
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 1-21-03 **DAYTIME PHONE #** 904 845 3831

CR2E034 (10/02)