

**2001 UNIFORM BUSINESS REPORT (UBR)**

3/1

**FILED**  
**Apr 12, 2001 8:00 am**  
**Secretary of State**

03-14-2001 90471 019 \*\*\*150.00

**DOCUMENT # P94000054610**

1. Entity Name  
**ROGER'S TIRE AND REPAIR, INC.**

Principal Place of Business  
**14120 MARTIN LUTHER KING BLVD**  
**ALACHUA FL 32615**  
**US**

Mailing Address  
**14226 NW 207TH TERR**  
**HIGH SPRINGS FL 32643**  
**US**

**35234**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3254524**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

**WALTERS, TROY M**  
**14713 NW 188 ST**  
**ALACHUA FL 32615**

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.

SIGNATURE *Troy M. Walters*  
 Signature, typed or printed name of registered agent and title if applicable

**3/8/01**  
 DATE

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<b>PT WALTERS, TROY M</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>14713 NW 188 ST</b>	
CITY-ST-ZIP	<b>ALACHUA FL</b>	
TITLE NAME	<b>VPS WALTERS, DONNA L</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>14713 NW 188 ST</b>	
CITY-ST-ZIP	<b>ALACHUA FL</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
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TITLE NAME		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Troy M. Walters* **3-23-01** **(904) 462-3700**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)