


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 08, 2003 8:00 am**  
**Secretary of State**

01-08-2003 90001 006 \*\*\*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**



2. Principal Place of Business  
**15251 NW HWY 441**

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
**Alachua Florida**

City & State

Zip  
**32615**

Country  
**USA**

Zip

Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3254524** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**WALTERS, TROY M  
14713 NW 188 ST  
ALACHUA FL 32615**

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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PT WALTERS, TROY M 14713 NW 188 ST ALACHUA FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>14226 NW 207 Terr High Springs, FL 32643</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPS WALTERS, DONNA L 14713 NW 188 ST ALACHUA FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>14226 NW 207 Terr High Springs, FL 32643</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Walters** **1-7-03** **(386) 462-3700**

Daytime Phone #

CR2E034 (10/02)