

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000064460

1. Entity Name

MIKE GAGNON'S TIRE & AUTO CENTER, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90105 016 ***150.00

Principal Place of Business

Mailing Address

104 E 6TH ST
PANAMA CITY FL 32444
US

104 E 6TH ST
PANAMA CITY FL 32401-3017
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3330233

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

GAGNON, MIKE F
326 BELL CIRCLE
LYNN HAVEN FL 32444

Name Stephanie Gagnon
Street Address (P.O. Box Number is Not Acceptable)
104 E 6th St
City Panama City FL 32401

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 Michael F. Gagnon Michael F Gagnon

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/11/00

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, 2000 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 VP ☐ Delete
NAME MICHAEL F. GAGNON
STREET ADDRESS 104 E 6TH ST
CITY-ST-ZIP PANAMA CITY FL

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

TITLE P ☐ Delete
NAME STEPHANIE GAGNON
STREET ADDRESS 104 E 6TH ST
CITY-ST-ZIP PANAMA CITY 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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephanie Gagnon

Date

Daytime Phone #

4/11/00

(850) 747-0096

CR2E034 (9/99)