

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 23, 2001 8:00 am**
Secretary of State

04-23-2001 90025 027 ***150.00

DOCUMENT # P96000085041**1. Entity Name**
JERRY'S TIRE SERVICE, INC.**Principal Place of Business****4245 DRANEFIELD RD**
LAKELAND FL 33811**Mailing Address****P.O. BOX 5740**
LAKELAND FL 33807
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 59-3403121

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****KILLEBREW, SAM H JR**
4245 DRANEFIELD RD
LAKELAND FL 33811

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**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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** VTS ☐ Delete
NAME KILLEBREW, SAM H JR
STREET ADDRESS 4245 DRANEFIELD RD
CITY-ST-ZIP LAKELAND FL**TITLE** PTS ☒ Change ☐ Addition
NAME Killebrew, Sam H
STREET ADDRESS 4245 Drane Field Rd.
CITY-ST-ZIP Lakeland, FL 33811**TITLE** P ☒ Delete
NAME GRIFFIN, JERRY L
STREET ADDRESS 4245 DRANE FIELD RD
CITY-ST-ZIP LAKELAND FL**TITLE** VP ☐ Change ☒ Addition
NAME William C Thomas II
STREET ADDRESS 4245 Drane Field Rd.
CITY-ST-ZIP Lakeland, FL 33811**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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CITY-ST-ZIP**TITLE** ☐ Delete
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CITY-ST-ZIP**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

Sam H. Killebrew

4/11/01

Date

863-701-0806

Daytime Phone #

CR2E034 (10/00)