

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90250 006 \*\*\*150.00

CR2E034 (9/01)

**DOCUMENT # P97000000228**

1. Entity Name  
**WATKINS TIRE AND AUTO, INC.**

Principal Place of Business

**87 N. TAMiami TRAIL  
 PORT CHARLOTTE FL 33953**

Mailing Address

**87 N. TAMiami TRAIL  
 PORT CHARLOTTE FL 33953**

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

**65-0718022**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**WATKINS, JEFFREY  
 3631 ADELALDE AVE  
 NORTH PORT FL 34286**

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.

SIGNATURE

*[Handwritten Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-26-02**

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, 2002 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
	<b>DP</b> <b>WATKINS, JEFFREY</b> <b>3631 ADELAIDE AVE</b> <b>NORTH PORT FL 34286</b>		
	<b>S</b> <b>WATKINS, JODY</b> <b>3631 ADELAIDE AVE</b> <b>NORTH PORT FL 34286</b>		

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:

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

**4-26-02**

**941-255 9244**

Date

Daytime Phone #