2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 02, 2002 8:00 am § Secretary of State P97000083162 DOCUMENT # 1. Entity Name SUPER STAR TIRE STORES OF NAPLES, INC. 05-02-2002 90093 029 ***150.00 Principal Place of Business Mailing Address 3043 DAVIS BLVD 905 E MARTIN LUTHER KING JR DR NAPLES FL 34104 SUITE 270 TARPON SPRINGS FL 34689 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3478950 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BURR, RUSSELL F Ku35CLL 905 E. MARTIN LUTHER KING, JR. DRIVE # 270 RIOWAN **TARPON SPRINGS FL 34689** ntity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 VSTD TITLE ☐ Delete TITLE ☐ Change ☐ Addition Burr, Russell F NAME NAME 905 E MARTIN LUTHER KING JR DR STE 270 STREET ADDRESS STREET ADDRESS TARPON SPRINGS FL 34689 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME EVANS, WILLIAM I NAME STREET ADDRESS 100 GOOD LETTE RD. N STREET ADDRESS CITY-ST-ZIP NAPLES FL 34106 CITY-ST-ZIP -TITLE: -🖭 Delete - 🖘 🖘 . ---- Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 receive for trustee empowered to effect this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachmen