

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91871 030 ***150.00

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DOCUMENT # P97000102975

1. Entity Name

SOUTHERN TIRE AND AUTO, INC.



Principal Place of Business
**5241 SOUTHERN BOULEVARD
WEST PALM BEACH FL 33415**

Mailing Address
**5241 SOUTHERN BOULEVARD
WEST PALM BEACH FL 33415**

2. Principal Place of Business

3. Mailing Address

1750 OCEOLA Dr.

1750 OCEOLA Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite #1

Suite #1

City & State

City & State

West Palm Beach, Fla.

West Palm Beach, Fla.

Zip

Zip

Country

Country

33409 Palm Beach

33409 Palm Beach

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0805918**

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

**LAMPERT, JEFFREY B
590 ROYAL PALM BCH BLVD
ROYAL PALM BEACH FL 33411**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (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 ☐ Delete
NAME **D PERRY, PHILIP E**
STREET ADDRESS **1750 OCEOLA DR**
CITY-ST-ZIP **WEST PALM BEACH FL 33409**

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

TITLE ☐ Delete
NAME **D PERRY, PATRICIA**
STREET ADDRESS **1750 OCEOLA DR**
CITY-ST-ZIP **WEST PALM BEACH FL 33409+**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: PATRICIA PERRY REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-2003

Date

561-688-9661

Daytime Phone #

CR2E034 (10/02)