

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000002246

1. Entity Name  
TOMMY'S TIRES & AUTO SERVICE CORP.



Principal Place of Business  
17055 OVERSEAS HIGHWAY  
SUGAR LOAF SHORES FL 33042

Mailing Address  
P.O. BOX 448042  
SUGAR LOAF KEY FL 33042

**FILED**  
**Feb 26, 2003 8:00 am**  
**Secretary of State**

02-26-2003 90157 022 \*\*\*150.00



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

17055 OVERSEAS HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SUGAR LOAF KEY FL

Zip

Country

Zip

Country

33042

4. FEI Number 65-0813126

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

ORTEGA, THOMAS J  
156 SPANISH MAIN DRIVE  
CUDJOE KEY FL 33042

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

2/24/03

**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 P  
NAME ORTEGA, THOMAS J  
STREET ADDRESS 156 SPANISH MAIN  
CITY-ST-ZIP CUDJOE KEY FL 33042

TITLE  
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NAME  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/03 305-745-3366

CR2E034 (10/02)