

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000093638**

1. Entity Name

TIRE EXPRESS AUTO CENTERS, INC.**FILED**
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90078 021 ***150.00

0053811

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| Principal Place of Business 2650 S. ORLANDO DR. SANFORD FL 32773 | Mailing Address 2650 S. ORLANDO DR. SANFORD FL 32773 |
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| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip Country | Zip Country |

974530

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 59-3539152 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent BOGLE, SEAN F ESQ. 706 TURNBULL AVE.,STE.203 ALTAMONTE SPRINGS FL 32701 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 11. OFFICERS AND DIRECTORS | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | | | | | | | | | | | | | | | | | | | | | |
| <table><tr><td>TITLE</td><td>P</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>KIRALY, MICHAEL A</td><td></td></tr><tr><td>STREET ADDRESS</td><td>2650 S. ORLANDO DR.</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>SANFORD FL 32773</td><td></td></tr></table> | TITLE | P | <input type="checkbox"/> Delete | NAME | KIRALY, MICHAEL A | | STREET ADDRESS | 2650 S. ORLANDO DR. | | CITY-ST-ZIP | SANFORD FL 32773 | | <table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table> | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | | STREET ADDRESS | | | CITY-ST-ZIP | | |
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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

Date

Daytime Phone #

CR2E034 (10/00)