FILED

## 2002 Uniform Business Report (UBR)

## Mar 31, 2002 8:00 am Secretary of State P99000004280 DOCUMENT # 1. Entity Name 03-31-2002 90056 043 \*\*\*150 00 GAINESVILLE TIRE SERVICE, INC. Mailing Address Principal Place of Business 4207 N.W. 6TH STREET 4207 N.W. 6TH STREET **GAINESVILLE FL 32609** GAINESVILLE FL 32609 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3561544 Not Applicable Ziō Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROWELL, WILLIAM G Street Address (P.O. Box Number is Not Acceptable) 4207 N.W. 6TH STREET **GAINESVILLE FL 32609** City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ■ Addition CR2E034 (9/01) TITLE ☐ Delete NAME ROWELL, JOANN E NAME STREET ADDRESS 8820 N.W. 59TH STREET STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL 32609 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME ROWELL, WILLIAM G NAME STREET ADDRESS 8816 N.W. 59TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL 32609 TITLE Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 attachme an address, with all other like empowered

SIGNATURE: