

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State
 05-09-2000 90077 011 ***150.00

DOCUMENT # P99000031829

1. Entity Name
M & S AUTO SERVICE & TIRE CENTER, INC.

Principal Place of Business 21701 FREEMAN DR. UMATILLA FL 32784 431 N. Central Ave umatilla FL 32784	Mailing Address 21701 FREEMAN DR. UMATILLA FL 32784-8325 431 N. Central Ave umatilla FL 32784
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2. Principal Place of Business 431 N. Central Ave Suite, Apt. #, etc.	3. Mailing Address 431 N. Central Ave Suite, Apt. #, etc.
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City & State umatilla FL	City & State umatilla FL
Zip 32784	Zip 32784
Country USA	Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 67-3568174	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent SLOCUMB, LORRAINE M 21701 FREEMAN DR. UMATILLA FL 32784	
7. Name and Address of New Registered Agent Name Melody + Stan Bowman III Street Address (P.O. Box Number is Not Acceptable) 24037 River Rd City Astor FL Zip Code 32102	

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 Melody A. Bowman DATE 3-6-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
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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 attachment with an address, with all other like empowered.

SIGNATURE: Melody A. Bowman DATE 3-6-00 DAYTIME PHONE # 352-669-2197
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)