

# 2002 UNIFORM BUSINESS REPORT (UBR)

0118914 AT

DOCUMENT # P99000031829

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

FILED

02 SEP -9 PM 2:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
431 N CENTRAL AVE  
UMATILLA FL 32784

Mailing Address  
431 N CENTRAL AVE  
UMATILLA FL 32784

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

4. FEI Number 59-3568174

Applied For  
Not Applicable

Zip Country Zip Country

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

BOWMAN, MELODY, STAN  
24037 RIVER ROAD  
ASTOR FL 32102

Name STANLEY E BOWMAN III  
Street Address (P.O. Box Number is Not Acceptable)  
24037 RIVER ROAD  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Stan Bowman*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8-28-02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00  
After September 13, 2002 Fee will be \$750.00  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete  
NAME BOWMAN, MELODY A  
STREET ADDRESS 24037 RIVER RD.  
CITY-ST-ZIP ASTOR FL 32102

TITLE ☐ Change ☐ Addition  
NAME 400007663334-2  
STREET ADDRESS -09/11/02--01046--022  
CITY-ST-ZIP \*\*\*\*\*150.00 \*\*\*\*\*150.00

TITLE D ☐ Delete  
NAME BOWMAN, STANLEY E III  
STREET ADDRESS 24037 RIVER RD.  
CITY-ST-ZIP ASTOR FL 32102

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-28-02

352-669-2197

Date Daytime Phone #

CR2E034 (4/02)

attachment

**M & S Auto Service & Tire Center, Inc.**

**431 North Central Avenue**

**Umatilla, FL 32784**

**352-669-2197**

P990000631829

August 28, 2002

Division of Corporations  
Uniform Business Report Filings  
P O Box 1500  
Tallahassee, FL 32302-1500

RE: 2002 Uniform Business Report

To Whom It May Concern:

Please abate the penalties on this filing because of the fact that my shop was closed from November, 2001 through late April, 2002. I was caring for my ill uncle, who has since died.

Sincerely,

A handwritten signature in black ink, appearing to read "Stan Bowman", with a stylized flourish at the end.

Stan Bowman, President