

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

DOCUMENT # *P99000032005*

1. Entity Name

*ALL STAR TIRE & AUTOMOTIVE CENTER INC.*

FILED

02 OCT 28 AM 10:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*304 W Hwy 90*

Suite, Apt. #, etc.

3. Mailing Address

*304 W Hwy 90*

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

*BONIFAY, FL*

City & State

*BONIFAY, FL*

4. FEI Number

*59-3581799*

Applied For

Not Applicable

Zip

*32425*

Country

*HOLMES*

Zip

*32425*

Country

*HOLMES*

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

*GARY DARLING*

Street Address (P.O. Box Number is Not Acceptable)

*304 W Hwy 90*

City

*BONIFAY*

FL

Zip Code

*32425*

**DO NOT WRITE  
IN THIS SPACE**

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)

*10/28/02*  
DATE

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

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D GARY DARLING 304 W Hwy 90 BONIFAY FL 32425</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>100008890701 11/08/02--01080--003 **150.00</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>P GARY DARLING 304 W Hwy 90 BONIFAY FL 32425</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>ST PAMELA DARLING 304 W Hwy 90 BONIFAY, FL 32425</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*10/28/02* *850 547-2072*  
Date Daytime Phone #

CR2E034B (12/01)

10/25/02

Dear Sir,

We did not receive the required  
2002 Uniform Business Report. Please  
waive all penalties and accept  
this report and my check for \$150<sup>00</sup>.

Theresa,  
McGraw Hill.

Attn  
Foster Shwin