

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90106 003 ***150.00

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1. Entity Name
MICK'S TIRE AND AUTO SERVICE, INC.



Principal Place of Business
**1202 NE PINE ISLAND ROAD
CAPE CORAL FL 33909**

Mailing Address
**1202 NE PINE ISLAND ROAD
CAPE CORAL FL 33909**



2. Principal Place of Business

1069 N. TAMiami TR

3. Mailing Address

1069 N. TAMiami Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

North Fort Myers FL

City & State

North Fort Myers FL

4. FEI Number **65-0950182**

Applied For

Not Applicable

Zip **33903**

Country **U.S.**

Zip **33903**

Country **U.S.**

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LARROW, PAUL L
3501-302 DEL PRAD BLVD.
CAPE CORAL FL 33904**

7. Name and Address of New Registered Agent

Name **Larrow Paul L**
Street Address (P.O. Box Number is Not Acceptable)
3501-312 Del Prado Blvd
City **CAPE CORAL** **FL** Zip Code **33904**

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 *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

PAUL L. LARROW

01/10/2003
DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **BRANDON, MICK**
STREET ADDRESS **3720 SE 8TH PLACE**
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **D** ☐ Delete
NAME **BRANDON, ADRIA**
STREET ADDRESS **3720 SE 8TH PLACE**
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P.S.D** ☒ Change ☐ Addition
NAME **Brandon mick**
STREET ADDRESS **3720 SE 8th place**
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **P.V.P.D** ☒ Change ☐ Addition
NAME **BRANDON ADRIA**
STREET ADDRESS **3720 SE 8th place**
CITY-ST-ZIP **CAPE CORAL FL 33904**

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **ADRIA BRANDON** **3/21/03** **997-1177**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)