

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91686 001 ***750.00

DOCUMENT # S32114

1. Entity Name
MORGAN TIRE & AUTO, INC.

Principal Place of Business
**2021 SUNNYDALE BLVD.
 CLEARWATER FL 33765**

Mailing Address
**2021 SUNNYDALE BLVD.
 CLEARWATER FL 33765**

12011



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3049617**

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

**NRAI SERVICES, INC.
 526 EAST PARK AVENUE
 TALLAHASSEE FL 32301**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	DP	<input type="checkbox"/> Delete
NAME	MORGAN, LARRY C.	
STREET ADDRESS	2021 SUNNYDALE BLVD.	
CITY-ST-ZIP	CLEARWATER FL 33765	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SLATTERY, KEVIN	
STREET ADDRESS	2021 SUNNYDALE BLVD	
CITY-ST-ZIP	CLEARWATER FL 33765	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MORGAN, PATRICIA B.	
STREET ADDRESS	2021 SUNNYDALE BLVD.	
CITY-ST-ZIP	CLEARWATER FL 33765	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Chairman	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Larry C. Morgan	
STREET ADDRESS	2021 Sunnydale Blvd	
CITY-ST-ZIP	Clearwater FL 33765	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kevin J. Slattery	
STREET ADDRESS	2021 Sunnydale Blvd	
CITY-ST-ZIP	Clearwater FL 33765	
TITLE	Secretary/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	W. Thompson Thurn III	
STREET ADDRESS	101 East Kennedy Blvd Suite 2800	
CITY-ST-ZIP	Tampa FL 33602	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shuichi Ishidashi	
STREET ADDRESS	50 Century Blvd	
CITY-ST-ZIP	Nashville TN 37214	
TITLE	(Larry Magee) Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	2550 West Gulf Road	
CITY-ST-ZIP	Pulling Meadows FL 60008	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Glen Atkinson	
STREET ADDRESS	50 Century Blvd	
CITY-ST-ZIP	Nashville TN 37214	

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]* DATE: *4/27/01* DAYTIME PHONE #: *727-441-3227*

CR2E034 (10/00)