

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90560 001 ***300.00

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3049617**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

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	C	<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	TD	<input type="checkbox"/> Delete
NAME	REEDY, TERRY	
STREET ADDRESS	333 EAST LAKE ST	
CITY-ST-ZIP	BLOOMINGDALE IL 60108	
TITLE	SD	<input type="checkbox"/> Delete
NAME	THORN, W. THOMPSON III	
STREET ADDRESS	101 EAST KENNEDY BLVD. SUITE 2800	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ISHIKASHI, SHUICHI	
STREET ADDRESS	50 CENTURY BLVD.	
CITY-ST-ZIP	NASHVILLE TN 37214	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAGEE, LARRY	
STREET ADDRESS	2550 W GULF ROAD	
CITY-ST-ZIP	ROLLING MEADOWS IL 60008	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Chairman Emeritus	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Morgan, Larry C.	
STREET ADDRESS	Clearwater, FL 33765	
CITY-ST-ZIP	Clearwater, FL 33765	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James S. Downing	
STREET ADDRESS	333 East Lake Street	
CITY-ST-ZIP	Bloomington, IL 60108	
TITLE	Director & Assistant Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	W. Thompson-Thorn III	
STREET ADDRESS	101 East Kennedy Blvd Suite 2800	
CITY-ST-ZIP	Tampa, FL 33602	
TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Craig White	
STREET ADDRESS	2021 Sunnydale Blvd	
CITY-ST-ZIP	Clearwater, FL 33765	
TITLE	President & Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stuart Waterson	
STREET ADDRESS	2021 Sunnydale Blvd.	
CITY-ST-ZIP	Clearwater FL 33765	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mark Epkes	
STREET ADDRESS	50 Century Blvd	
CITY-ST-ZIP	Nashville, TN 37214	

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

Date

Daytime Phone #

CR2E034 (10/02)

MORGAN TIRE & AUTO, INC.

<u>OFFICERS</u>	<u>TITLES</u>
Matt Hoskins	2021 Sunnydale Blvd Clearwater FL 33765 Executive Vice President, Store Operations
David E. Seale	333 East Lake Street Bloomingdale, IL 60108 Assistant Secretary

Attachment
532114 / 58026969