2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # **\$54889** Jan 19, 2000 8:00 am **Secretary of State** CITY BOY'S TIRE & BRAKE, INC. 01-19-2000 90281 021 ***150.00 Principal Place of Business Mailing Address 330 N. MAIN ST. P.O. BOX 2790 HIGH SPRINGS FL 32655-2790 HIGH SPRINGS FL 32643 UUUUIRUU 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3064624 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ELLisand woodward, George P Street Address (P.O. Box Number is Not Acceptable) 14313 NW 148TH PL. ALACHUA FL 32615 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 SIGNATU FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition TITI F TITLE 🔽 Delete JANE E. Woodward WOODWARD, GEORGE P NAME NAME N.W. 148 11. PL. STREET ADDRESS STREET ADDRESS 14313 NW 148TH PL. CITY-ST-7IP CITY-ST-ZIP ALACHUA, FL 32615 ☐ Addition Change TITLE ☐ Delete TITLE NAME ELLISON, JUSTIN W NAME 330 N. AJAIN STREET ADDRESS 45 S.E. 3RD AVE STREET ADDRESS 32643 CITY-ST-ZIP CITY-ST-ZIP HIGH SPRINGS FL 32055 TITLE Change ☐ Addition TITLE ☑ Delete KELLER, G W NAME NAME STREET ADDRESS 15715 S.W. 103 AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ARCHER FL 32618 □ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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, pon an attachment with an address, with all other like empowered.