

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V25726**

1. Entity Name
PAUL LEWIS TIRE WHOLESale, INC.

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90169 010 ***150.00

Principal Place of Business
**591 PARK ST
JACKSONVILLE FL 32204**

Mailing Address
**591 PARK ST
JACKSONVILLE FL 32204**

2. Principal Place of Business
6000 San Jose Blvd

3. Mailing Address
6000 San Jose Blvd

Suite, Apt. #, etc.
Apt # 8A

Suite, Apt. #, etc.
Apt # 8A

City & State
Jacksonville, FL

City & State
Jacksonville, FL

Zip
32217

Country
Duval

Zip
32217

Country
Duval

4. FEI Number **59-3115152**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEWIS, ROBERT
591 PARK STREET
JACKSONVILLE FL 32204**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 **D** ☐ Delete
NAME **LEWIS, PAULETTE A**
STREET ADDRESS **591 PARK ST**
CITY-ST-ZIP **JACKSONVILLE FL**

☒ Change ☐ Addition
NAME **6000 San Jose Blvd 8A**
STREET ADDRESS **32217**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **LEWIS, PAUL II**
STREET ADDRESS **591 PARK ST**
CITY-ST-ZIP **JACKSONVILLE FL**

☒ Change ☐ Addition
NAME **6000 San Jose Blvd 8A**
STREET ADDRESS **32217**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **LEWIS, ROBERT S**
STREET ADDRESS **591 PARK ST**
CITY-ST-ZIP **JACKSONVILLE FL**

☒ Change ☐ Addition
NAME **6000 San Jose Blvd 8A**
STREET ADDRESS **32217**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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☐ Change ☐ Addition
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☐ Change ☐ Addition
NAME
STREET ADDRESS
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, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John W. Nicholas

4-26-01

Date

904-264-1665

Daytime Phone #

CR2E034 (10/00)