

**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

**DOCUMENT # P99000084720**

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.

CHECK HERE IF MAKING CHANGES

City & State  
**North Fort Myers FL**

City & State  
**North Fort Myers FL**

Zip  
**33903**

Country  
**U.S.**

4. FEI Number **65-0950182**

Applied For  
 Not Applicable

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**

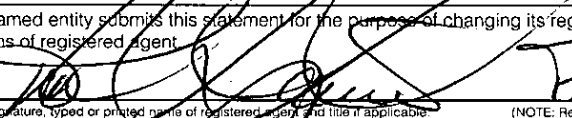
Street Address (P.O. Box Number is Not Acceptable)  
**3501-312 Del Prado Blvd**

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  **PAUL L. LARROW** **01/10/2003**

Signature, typed or printed name of registered agent and title if applicable. (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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>BRANDON, MICK</b> <b>3720 SE 8TH PLACE</b> <b>CAPE CORAL FL 33904</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>BRANDON, ADRIA</b> <b>3720 SE 8TH PLACE</b> <b>CAPE CORAL FL 33904</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P.S, D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Brandon mick</b> <b>3720 SE 8th place</b> <b>CAPE CORAL FL 33904</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P.V.P, D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>BRANDON ADRIA</b> <b>3720 SE 8th place</b> <b>CAPE CORAL FL 33904</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **ADRIA BRANDON** **3/21/03** **997-1177**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)