

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90111 027 \*\*\*150.00

0021944

**DOCUMENT # F40102**

1. Entity Name  
**SUN TIRE & AUTOMOTIVE SERVICE OF ORANGE PARK, IN**

Principal Place of Business  
**346 BLANDING BLVD  
 ORANGE PARK FL 32073**

Mailing Address  
**6807 STUART LANES  
 JACKSONVILLE FL 32254  
 US**

**LY000273**



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 **59-2105093**

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

**FISHER, MICHAEL W  
 2600 INDEPENDENT SQUARE  
 JACKSONVILLE FL 32202**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

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	<b>PDS</b>	<input type="checkbox"/> Delete
NAME	<b>ERICKSON, RICHARD J</b>	
STREET ADDRESS	<b>2541 SPREADING OAKS LN</b>	
CITY-ST-ZIP	<b>MANDARIN FL</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> Delete
NAME	<b>ERICKSON, DIANE D.</b>	
STREET ADDRESS	<b>2541 SPREADING OAKS LN</b>	
CITY-ST-ZIP	<b>MANDARIN FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE: *Richard J. Erickson* **RICHARD J. ERICKSON** 4/19/01 (904) 993-0990  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)