

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 838204

1. Entity Name
ANDALUSIA TIRE COMPANY, INC.

Principal Place of Business

850 BY PASS WEST
POB 446
ANDALUSIA AL 36420

Mailing Address

850 BY PASS WEST
POB 446
ANDALUSIA AL 36420

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

63-0650237

Applied For

Not Applicable

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	P CATON, JAMES B. 1300 BROOKLYN ROAD ANDALUSIA AL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CATON, PATRICIA E. 1300 BROOKLYN RD ANDALUSIA AL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CATON, JAMES B. III 850 BY PASS WEST ANDALUSIA AL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CATON, GREG 850 BY PASS WEST ANDALUSIA AL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CATON, JAMES B. II 850 BY PASS WEST ANDALUSIA AL 36420	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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

8-16-01

Date

334-222-3136

Daytime Phone #

FILED
Aug 31, 2001 8:00 am
Secretary of State

08-31-2001 90115 021 ***550.00



DO NOT WRITE IN THIS SPACE

0138943 AT

CR2E034 (5/01)