

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 23, 2001 8:00 am**
Secretary of State

01-23-2001 90007 046 ***150.00

DOCUMENT # H47410

1. Entity Name

DISCOUNT TIRE CO.

Principal Place of Business

Mailing Address

**14631 N. SCOTTSDALE RD.
SCOTTSDALE AZ 85254-9711
US****14631 N. SCOTTSDALE RD.
SCOTTSDALE AZ 85254-9711
US**

2. Principal Place of Business

3. Mailing Address

5011 Gate Parkway

Suite, Apt. #, etc.

Suite 100

City & State

Jacksonville, FL

City & State

Zip

32256

Country

Duval

Zip

Country

4. FEI Number

86-0515443

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 \$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	PD	☐ Delete
NAME	HALLE, BRUCE T.	
STREET ADDRESS	14631 N. SCOTTSDALE RD.	
CITY-STATE-ZIP	SCOTTSDALE AZ	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE	ST	☐ Delete
NAME	HOLMAN, ROBERT H.	
STREET ADDRESS	14631 N. SCOTTSDALE RD.	
CITY-STATE-ZIP	SCOTTSDALE AZ	

TITLE	Secretary	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE	AST	☐ Delete
NAME	SCHAFER, TIMOTHY J.	
STREET ADDRESS	903 AIRPORT DRIVE	
CITY-STATE-ZIP	ANN ARBOR MI	

TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	3940 Ranchero Dr., Suite 100	
CITY-STATE-ZIP	Ann Arbor, MI 48108	

TITLE	D	☐ Delete
NAME	MUGLIA, DEAN	
STREET ADDRESS	14631 N SCOTTSDALE RD	
CITY-STATE-ZIP	SCOTTSDALE AZ	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE	EVP	☐ Delete
NAME	SILHASEK, JAMES	
STREET ADDRESS	14631 N SCOTTSDALE RD	
CITY-STATE-ZIP	SCOTTSDALE AZ	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE	CD	☐ Delete
NAME	BRUNT, GARY VAN	
STREET ADDRESS	14631 N. SCOTTSDALE RD.	
CITY-STATE-ZIP	SCOTTSDALE AZ 85254	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-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.

(734) 769-6870

SIGNATURE:

Timothy J. Schafer, Asst. Sec/Treas.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)