

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J80929

1. Entity Name

NORTHGATE TIRE, INC.

Principal Place of Business

% PAUL CHRISTENSEN

1717 LEE RD.

ORLANDO FL 32810

Mailing Address

333 THORPE ROAD

~~1717 LEE RD.~~

ORLANDO FL 32824-8136

US

2. Principal Place of Business

3. Mailing Address

o Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2833488

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

CHRISTENSEN, PAUL

~~1717 LEE RD.~~

ORLANDO FL 32810

333 THORPE RD.

ORLANDO, FL 32824-8136

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

Paul E Christensen

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-18-2000

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, 2000 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
NAME CHRISTENSEN, PAUL
STREET ADDRESS 1717 LEE RD.
CITY-ST-ZIP ORLANDO FL ☒ Delete

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

TITLE S
NAME CHRISTENSEN, ELIZABETH
STREET ADDRESS 1717 LEE ROAD
CITY-ST-ZIP ORLANDO FL ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE PRESIDENT / DIRECTOR
NAME SUSAN A. DILL
STREET ADDRESS 333 THORPE RD.
CITY-ST-ZIP ORLANDO, FL 32824 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE SECRETARY / DIRECTOR
NAME SARAH L. OTTO
STREET ADDRESS 333 THORPE RD.
CITY-ST-ZIP ORLANDO, FL 32824 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE TREASURER / DIRECTOR
NAME FREDERICK L. CHRISTENSEN
STREET ADDRESS 333 THORPE RD.
CITY-ST-ZIP ORLANDO, FL 32824 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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:

Paul E Christensen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90802 023 ***150.00



DO NOT WRITE IN THIS SPACE