2001 UNIFORM BUSINESS REPORT (UBR)

200	1 UNIFORM BUS	INI	ESS REPO	ORT	(UB	R)		7 14		KÜV	L. F	• • •
DOCUMENT # L9900008049 1. Entity Name OCEANSIDE TIRE & SERVICE, L.L.C.								•	F)	LED	;	i
							01 APR 16 PM 2: 40					
201 N. CLY STE. 100	ace of Business DE MORRIS BLVD BEACH FL 32114	26 S	Mailing Address 201 N. CLYDE MORRIS BLVD STE. 100 DAYTONA BEACH FL 32114					S TA	ECRETAR LUAHAS:	RY OF SEE. I	STATE FLORID	A
2. Principal	Place of Business		3. Mailing Address									
Suite, Apr	t. #, etc	_	Suite, Apt. #, etc.					DO	NOT WRITE IN	I THIS S	PACE	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
City & Sta	ate		City & State				4. FEI Number Applied For Not Applied For Not Applied For					
Zip	Country	2	Zip Cour			y 5. Certificate of Status Desired \$5.					5.00 Ad	
	6. Name and Address of Curren	ered Agent	I			7. Nam	e and Address	of New Regis				
AGNONE, LOUIS M 201 N. CLYDE MORRIS BLVD STE. 100					Street A	Address (P.	O. Box N	Number is Not Ad	cceptable)			
DAYTON	IA BEACH FL 32114-2734				City		,			FL	Zip Coo	le
SIGNATURE	Signature, typed or printed name of registered agent	and title if :		OW!!! I	FEE IS S		_	ing)		DATE		
9.	MANAGING MEMB	ERS/MI	EMBERS	10.				ADI	DITIONS/CHA	NGES		
TITLE NAME Street address City-St-Zip	MGRM AGNOME, LOUIS M 201 N. CLYDE MORRIS BLVD DAYTONA BEACH FL 32114		☐ Delete	9		Agno	ne, l	cours M	-	[Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEELA, GREGORY J 201 N. CLYDE MORRIS BLVD DAYTONA BEACH FL 32114		☐ Delete			Stell	la, G	rregary J	•	Y	Change	Addition
TITLE VAME STREET ADDRESS CITY-ST-ZIP	MGRM Delete MOULIS, HARRY 201 N. CLYDE MORRIS BLVD DAYTONA BEACH FL 32114					90004064 94% -04/24/0101102 ******50.00 ******					012	
ITLE IAME ITREET ADDRESS ITY-ST-ZIP	MGRM RICCI, DONATO 201 N. CLYDE MORRIS BLVD DAYTONA BEACH FL 32114		☐ Delete		T ADDRESS ST-ZIP				([Change	☐ Addition
ITLE AME Treet address ITY-ST-ZIP	MGRM GOLDBERG, PAUL B 201 N. CLYDE MORRIS BLVD DAYTONA BEACH FL 32114		☐ Delete	TITLE NAME STREE CITY-:	TADDRESS					Ē	☐ Change	Addition
ITLE Ame Treet address ITY-ST-ZIP			□ Delete	TITLE NAME STREE CITY-S	F ADDRESS ST-ZIP				/] Change	Addition
I hereby c indicated limited liab	ertify that the information supplied with on this report is true and accurate and bility company or the receiver or fustee	this filing that my empow	g does not qualify for signature shall have t ered to execute this r	the exeme the same report as	nption stati legal effect required b	ted in Section of as if mad by Chapter	on 119.0 e under 608, Flor	7(3)(i), Florida S oath; that I am a rida Statutes.	atutes. I further a managing m	er certify ember c	that the in or manager	formation of the

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGEN OR AUTHORIZED REPRESENTATIVE