

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000079463

1. Entity Name
MC. TIRE CORPORATION

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90036 005 ***150.00

Principal Place of Business

Mailing Address

704 HAMSTER WAY
KISSIMMEE FL 34759

704 HAMSTER WAY
KISSIMMEE FL 34759-4227

1006 US Hwy 17-92 N.

00044040



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1006 HWY 17-92 N

3. Mailing Address

1006 HWY 17-92 N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Haines City - FL

City & State

Haines City FL

Zip

33844

Country

USA

Zip

33844

Country

USA

4. FEI Number 59-3466797

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

CASTILLO, MARIO C
704 HAMSTER WAY
KISSIMMEE FL 34759

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
CASTILLO, MARIO C
704 HAMSTER WAY
KISSIMMEE FL 34759 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
CASTILLO, DELMIRA O
704 HAMSTER WAY
KISSIMMEE FL 34759 ☐ Delete

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

TITLE
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STREET ADDRESS
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☐ 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: Mario C Castillo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-21-00 -(863) 421-4014
Date Daytime Phone #

CR2E034 (9/99)