

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90119 019 ***150.00

DOCUMENT # P97000079463

1. Entity Name
MC. TIRE CORPORATION



Principal Place of Business
**1006 US HWY 17-92N
HAINES CITY FL 33844**

Mailing Address
**1006 US HWY 17-92N
HAINES CITY FL 33844**

1006 US Hwy 17-92N.

2. Principal Place of Business

Haines City

3. Mailing Address

1006 US Hwy 17-92 N.

Suite, Apt. #, etc.

FL.

Suite, Apt. #, etc.

Haines City

City & State

FL.

City & State

FL.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3466797**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip **33844**

Country

POLK

Zip **33844**

Country

POLK

6. Name and Address of Current Registered Agent

**CASTILLO, MARIO C
704 HAMSTER WAY
KISSIMMEE FL 34759**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MARIO C CASTILLO, President 3-11-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)